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Research Article

THE EFFECT OF REBRANDING MANAGEMENT ON THE QUALITY OF HOSPITAL SERVICES: LITERATURE REVIEW

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Abstract

Hospital rebranding has emerged as a strategic management approach for hospitals facing increasing competition, changing patient expectations, and digital transformation. This study aimed to analyze the influence of hospital rebranding management on healthcare service quality and to identify strategic mechanisms linking rebranding practices with patient perceptions and loyalty. A systematic literature review was conducted using articles published from 2017 to 2026 and retrieved from Scopus, ScienceDirect, Emerald Insight, ProQuest, and Sinta. An initial 723 records were identified, followed by screening and eligibility assessment, resulting in 45 articles for detailed assessment and 27 primary studies for final synthesis. Narrative synthesis was used to examine the relationship between rebranding components and the five SERVQUAL dimensions: tangibles, reliability, responsiveness, assurance, and empathy. The findings indicate that effective rebranding extends beyond changes in names, logos, and visual identity to encompass service redesign, organizational culture, employee engagement, digital transformation, and patient-centered care. Rebranding was particularly associated with improvements in tangible and responsiveness dimensions, while assurance and empathy were essential for sustaining patient trust and loyalty. The novelty of this review lies in integrating conventional corporate rebranding with humanistic-digital hospital branding, positioning patient trust as a critical mechanism between brand transformation and perceived service quality. These findings imply that hospital managers should implement rebranding as an organization-wide transformation strategy rather than a cosmetic marketing initiative to achieve sustainable service quality and competitive advantage.

Keywords: Hospital Rebranding, Service Quality, Patient Trust

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INTRODUCTION

Rapid population growth and the increasing complexity of public health issues have created new dynamics in the hospital industry at both the global and national levels. Hospitals are no longer viewed simply as places of physical healing, but rather as service organizations with unique characteristics that must balance their social mission with the demands of economic sustainability . (Badruddin et al., 2022)In this highly competitive environment , hospitals are no longer viewed simply as static medical institutions, but as service-providing entities that must actively manage their image and reputation to maintain patient loyalty and operational sustainability. (Lizzi et al., 2025).

Since 2017, a significant trend has emerged in which many healthcare institutions are rebranding in response to the need to differentiate themselves in a saturated market, remove historical stigma, or adopt digital transformation. (Mochtar, 2023)Research by Rosidyani & Aini reported the importance of social media as a marketing tool in healthcare. Bibliometric analysis provides a foundation for future research, offering insights into emerging trends and potential areas for further exploration in social media marketing for hospitals . (Rosidayani & Aini, 2024).

Rebranding in hospitals is defined as the process of creating a new identity including a name, logo, symbol, and service philosophy to develop a new position in the minds of stakeholders (Havivi et al., 2022). However, managing rebranding in the healthcare context is much more complex than in other industries because it involves ethical aspects, personal trust, and high clinical risks. Superficial rebranding management, such as simply changing a logo without being accompanied by real improvements in service quality, often leads to a decline in public trust and strategic failure (A. Mirza et al., 2022). Therefore, the relationship between brand strategy and service quality as measured by *the Service Quality* (SERVQUAL) dimension has become a primary focus for modern hospital administrators (Indrawati, 2022).

Previous research has partially explored the relationship between brand image *and* patient satisfaction. A study by Shieh et al. highlighted how digital marketing strategies through social media strengthened hospital branding in Taiwan and significantly increased patient engagement. (Shieh et al., 2020)In Indonesia, Mandagi et al. introduced the concept of *Hospital Brand Gestalt* , which emphasizes patients' holistic perceptions of the narrative and service environment. (Mandagi et al., 2024)However, there is a significant *research gap in the literature* regarding how rebranding management mechanisms specifically transform each dimension of traditional SERVQUAL in the context of drastic institutional change, especially in facing the technological challenges of 2026.

The scientific novelty *of* this review is the provision of a synthesis linking classic rebranding management theory to future healthcare dynamics leading up to 2026, including the role of artificial intelligence (AI) and data personalization as core elements of new service quality. This analysis goes beyond simply evaluating post-rebranding image by examining internal determinants such as employee engagement and stigma mitigation, which are key barriers to service (Syahruddin et al., 2025)

The main problem in this study is the disconnect between ambitious brand promises and the reality of technical quality in the field. The proposed hypothesis is that integrated rebranding management (including visual, cultural, and functional elements) has a significant positive influence on perceived service quality, which is mediated by patient trust to increase revisit intentions. A problem-solving approach is carried out by categorizing rebranding

components into identity strategies, functional strategies, and internal strategies, and mapping their influence on the five dimensions of SERVQUAL: *tangibles, reliability, responsiveness, assurance,* and *empathy* . The purpose of this article is to formulate a comprehensive literature framework for hospital managers in designing rebranding strategies that are aligned with improving service quality standards.

RESEARCH METHOD

This literature review uses a systematic review approach *that* refers to the selection protocol for scientific articles from 2017 to the predicted trends in 2026. Data searches were conducted through major electronic databases including ScienceDirect, Emerald Insight, ProQuest, Scopus, and the national portal Sinta (Science and Technology Index) Indonesia. Search keywords include: "hospital rebranding", "hospital rebranding", "hospital service quality", "hospital service quality", "patient satisfaction", "brand image", and "SERVQUAL".

Research Design

The search and selection process for articles was structured as follows: (1) Identification : The initial search yielded 723 potential articles related to health branding and service quality; (2) Screening : Articles were screened based on inclusion criteria (published between 2017 and 2026, focused on hospitals/clinics, full text available). Articles that only discussed pharmaceutical or insurance product branding without the context of health facilities were excluded; (3) Eligibility : A total of 45 articles were analyzed in depth regarding their methodology and research results; (4) Inclusion : 27 primary references were selected that met scientific quality standards, consisting of quantitative studies using *the Structural Equation Modeling (SEM)* approach , qualitative case studies, and analysis of future industry trends.

Visually, the PRISMA (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses)* flow is as follows:

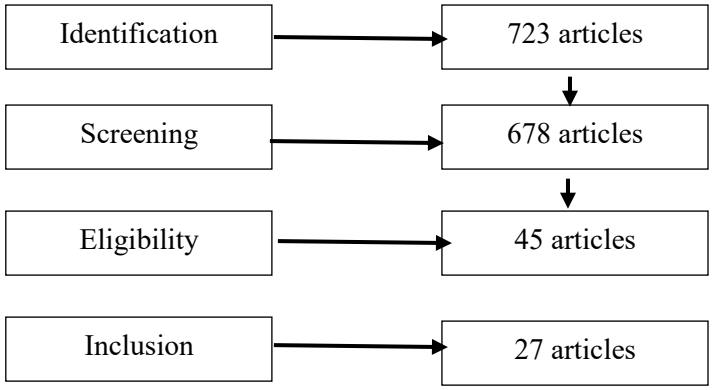


Figure 1. PRISMA diagram

The extracted data includes a complete bibliography, methodology, research variables (rebranding as the independent variable, service quality as the dependent/mediator), and key findings. Data analysis was conducted using narrative synthesis techniques to identify patterns of relationships between variables and map the evolution of branding strategies from traditional models to digital technology-based models by 2026.

Literature search was conducted using *Search Strategy , Inclusion Criteria ,* and *Database Justification*

Search Strategy: Literature search was conducted by combining keywords using Boolean operators (*AND, OR*) to ensure broad yet relevant coverage of articles. The search strategy (*search string*) applied was as follows: English String: ("hospital rebranding" OR "healthcare rebranding" OR "medical center rebranding") AND ("service quality" OR "SERVQUAL" OR "patient satisfaction" OR "brand image"). Indonesian String: ("hospital rebranding" OR "health facility rebranding") AND ("service quality" OR "patient satisfaction" OR "brand image"). The search was conducted specifically in the title, abstract, and keywords columns (*Title/Abstract/Keywords*) to minimize irrelevant results.

Details of Inclusion and Exclusion Criteria (*Selection Criteria*): To ensure that selected articles meet high scientific quality standards, the following strict selection criteria are applied:

Table 1. Exploratory Relationships Among Feasibility Variables Based on Spearman's Rank Correlation Analysis

Category	Inclusion Criteria (Accepted)
Time span	Articles published between 2017 and 2026 trend predictions .
Research Subjects	Focus on Hospitals (Government/Private), Clinics, or primary health care centers.
Methodology	Quantitative studies (especially SEM/PLS), descriptive qualitative, case studies, and future industry trend analysis articles.
Language	Articles in Indonesian and English.
Accessibility	Articles are available in full - *text form* and can be downloaded.

Table 4 presents the inclusion criteria used to identify and select relevant articles for the analysis of feasibility variables. The criteria were established to ensure that the selected literature was relevant to the research focus, sufficiently recent, methodologically appropriate, and accessible for further analysis. The publication period was limited to articles published between 2017 and 2026, including studies discussing current conditions and future trend predictions. This time span was selected to capture recent developments and emerging trends related to the research topic.

The research subject criterion required studies to focus on hospitals, whether government or private, clinics, or primary health care centers. This criterion ensured that the selected studies represented health-care settings that are directly relevant to the implementation and evaluation of the variables under investigation. In terms of methodology, the review included quantitative studies, particularly those employing Structural Equation Modeling (SEM) or Partial Least Squares (PLS), descriptive qualitative studies, case studies, and articles examining future industry trends. The inclusion of diverse methodological approaches allowed the analysis to capture both empirical relationships and contextual insights.

Research Target/Subject

Database Justification: The selection of five primary databases was based on the characteristics of the literature coverage required for this topic: (a) Scopus: Used as the largest global citation database to ensure the quality of internationally indexed and reputable journals; (b) ScienceDirect (Elsevier): Focused on high-impact journals in the field of health management and public services, providing access to evidence-based research; (c) Emerald Insight: Is the primary database for management, marketing, and customer service literature, which is highly relevant for branding and service quality variables ; (d) ProQuest: Provides broad access to dissertations, theses, and international journals that often include in-depth case

studies on organizational transformation; € Sinta (Science and Technology Index): Used to ensure the inclusiveness of the local Indonesian context, ensuring that rebranding trends in domestic hospitals remain represented in the analysis.

Instruments, and Data Collection Techniques

Data Extraction and Analysis: After the Inclusion process yielded 27 primary references , the data were extracted into a synthesis matrix that included: (a) Identity: Author, year of publication, and journal name; (b) Context: Research location (global/national) and type of healthcare facility; (c) Method: Research design and data analysis techniques (e.g., SEM to test the relationship paths of variables); (d) Findings: Direct/indirect effects of rebranding on service quality and patient satisfaction. Narrative synthesis was used to weave these findings together, particularly in mapping the strategic shift from conventional visual rebranding to Digital-Based Hospital Branding, which is predicted to dominate the industry by 2026.

RESULTS AND DISCUSSION

The implementation of rebranding in hospitals involves four key elements known as the 4Rs: *Renaming* , *Redesign* , *Repositioning* , and *Relaunching* . (Putri et al., 2024). Name and logo changes are not merely aesthetic; they are symbols of a change in organizational culture. For example, the transformation of Awal Bros Hospital into Primaya Hospital reflects an effort to align the entire hospital network under a single identity that promises international standards while still prioritizing care. Physical redesign of buildings is also often undertaken to provide a sense of comfort and safety, which are manifestations of the *tangible dimensions* of service quality. (M. Mirza, 2022)

Rebranding aims to strengthen corporate equity by creating new, stronger associations with medical expertise and empathetic service. An effective branding strategy has been proven to enhance patient well-being through service assurance and emotional support, while simultaneously supporting the hospital's financial performance through patient (Badruddin et al., 2022)

Table 1. Impact of Rebranding on Hospital Service Quality

Rebranding Components (4R)	Manifestations in Hospital Services	Impact on Quality Perception
Renaming	Change the name to something more modern or inclusive.	Improve memory and initial confidence (A. Mirza et al., 2022)·
Redesign	Facility renovation, new logo, and staff uniforms.	Strengthening the dimensions *of Tangibles* and professionalism (Limbong et al., 2024).
Repositioning	Change of slogan and service focus	Setting patient expectations for *Responsiveness* (Rindasiwi & Tan, 2024)
Relaunching	New standard digital campaigns and publications.	*Assurance* (Parameshwaran & Sharma, 2026)improvement .

The quality of healthcare services is traditionally measured using the SERVQUAL model, which consists of five dimensions: tangibles, reliability, responsiveness, assurance, and empathy . (Ramaditya, 2019)Rebranding has different effects on each of these dimensions, depending on the strategic focus pursued by hospital management.

Table 2. Dimensions of Service Quality in the Context of Rebranding

Dimensions	Focus of Change in Rebranding	Impact on Patient Perception
Tangibles	Logo updates, interior design, state-of-the-art medical facilities, and digitalization of services.	Gives a strong impression of modernity and international standards (Mochtar, 2023).
Reliability	Standardization of service processes, diagnostic accuracy, and timeliness of scheduling.	Increase patient confidence in the consistency of quality of care (Hutabarat et al., 2025).
Responsiveness	Staff alertness training, accelerated waiting times, and responsive information systems.	Reduce patient frustration and increase feelings of appreciation (Hutabarat et al., 2025).
Assurance	Certification of medical personnel, assurance of patient safety, and reputation for clinical expertise.	Building patient confidence in the hospital's professional competence (Ramaditya, 2019).
Empathy	Change in organizational culture towards *patient-centered care* and warm communication.	Creating emotional bonds and long-term loyalty (Jade & Nur, 2021).

Healthcare quality is a multidimensional phenomenon that is difficult for laypeople to evaluate technically. Patients often lack sufficient medical knowledge to objectively assess the appropriateness of drug dosages or surgical techniques; instead, they judge quality based on their functional experience. This is why the SERVQUAL dimensions are so relevant in assessing the success of rebranding.

Rebranding often begins with changes to tangible dimensions, as these elements are most readily visible to patients and families. Changes to the logo and visual identity, such as those implemented by Primaya Hospital, have been shown to significantly impact the corporate image among both inpatients and outpatients. Furthermore, investments in luxurious physical facilities and state-of-the-art medical technology, such as the MRI 3 at National Hospital Surabaya, serve as a strong signal of quality for the middle-to-upper market segment. (M. Mirza, 2022)A hospital's physical environment redesigned through rebranding not only serves an aesthetic purpose but can also reduce patient stress through clearer *wayfinding systems and a more comfortable atmosphere.*

Effective rebranding is often accompanied by process redesign *to* improve service reliability and responsiveness. Reliability in providing accurate diagnostic results and timeliness in medical procedures are crucial brand promises to be fulfilled post-rebranding. Without improvements in these operational aspects, visual rebranding can actually create a gap between promise and reality, leading to a loss of patient (Fauzi & Arifin, 2024).

Assurance dimension also plays a vital role, particularly in reducing patients' perceived risk when choosing a healthcare provider. Assurance encompasses medical competence, staff friendliness, and a sense of security during treatment. Successful rebranding often highlights the profile of competent specialist doctors and international certifications held by the hospital to strengthen patients' sense of security. Research shows that assurance often has a wide satisfaction gap, meaning patients have very high expectations regarding safety and credibility (Limbong et al., 2024)

Rebranding that touches on emotional aspects through corporate social responsibility (CSR) programs and personalized services can create deeper relationships between patients and

hospitals(A. Mirza et al., 2022). At Arosuka Regional Hospital, service quality and patient satisfaction were found to be critical factors in strengthening patient loyalty post-rebranding (Vimla & Udita, 2024)*empathy* has consistently been found to be the strongest influence on patient satisfaction in Indonesia. In managing rebranding, empathy is realized through a patient-centered approach (*patient-centered care*), where every individual feels valued and heard . (Limbong et al., 2024)When a hospital claims through its rebranding that it "cares," then every interaction between nurses and doctors must reflect that promise. Without empathy, rebranding is merely a fragile commercial facade.

An analysis of the literature shows that hospital rebranding is a multidimensional endeavor that has a broad impact on organizational performance and public perception. Rebranding in healthcare is not simply a logo change, but rather a symbol of profound institutional (Syahruddin et al., 2025).

Table 3. Rebranding and Service Quality

Author & Year	Research Title	Main Dimensions / Variables	Key Findings
Shieh et al. (2020)	A Strategic Imperative for Promoting Hospital Branding	Social Media Engagement, Website Traffic	Digital branding increases Facebook interactions by 116% and builds an image of service innovation (p=0.02) (Shieh et al., 2020)
Mandagi et al. (2024)	Empirical nexus of hospital brand gestalt, patient satisfaction	Story, Sensescape, Servicescape, Stakeholders	*Brand gestalt* has a positive effect (53.94) on satisfaction, but the direct effect on intention to return is not significant (p=0.053) (Mandagi et al., 2024).
Irdan et al. (2024)	The Effect of Brand Image and Medical Quality	Brand Image, Medical Quality, Word of Mouth	A strong brand image is enough to drive repeat visit intentions, but medical quality is the main determining factor. (Irdan et al., 2024).
Marchama et al. (2024)	The Impact of Brand Image, Trust, and Satisfaction	Brand Image, Trust, Satisfaction, Revisit Intention	Patient trust (Trust) is a crucial mediator; brand image contributes an effect of 0.256 to satisfaction (p=0.001) (Marchama et al., 2024).
Syahruddin et al. (2025)	From Stigma to Trust: A Case Study of Hospital Rebranding	Institutional Repositioning, Internal Branding	The use of the cultural value of "Siri'" effectively removes the stigma of

			leprosy hospitals into trusted general hospitals (Syahruddin et al., 2025).
Narsih et al. (2025)	Determinants Related to User Perceptions of Quality	Rebranding Perception, Payment Method, Age	Perception of rebranding increases the chances of perceiving good service quality (OR=2.994) (Narsih et al., 2025).
Alzagladi (2022)	Rebranding Strategy in Hospitals in Indonesia	Visual Identity, Service Restructuring	Rebranding must modify both symbolic and functional characteristics simultaneously for permanent results (Alzagladi et al., 2022).
Prasetya et al. ((2025)	Rebranding Perception and Intention to Use Services	Redesigning, Repositioning, Renaming	Redesigning and Repositioning have the highest perception scores compared to renaming (Prasetya et al., 2025)
Tan et al. (2019)	Measuring Service Quality and Customer Loyalty	Physical Environment, Communication, Safety	The quality of the physical environment and safety are the main foundations for forming a positive hospital image (Tan et al., 2019).

Strategic rebranding management operates through three main channels that influence patient perceptions of service quality:

Transformation of Visual Identity and Environment (Tangibles): tangible dimension of SERVQUAL is often the first focus in rebranding. Changes to the logo, typography, and color scheme are integrated with renovations to the physical facility to create a more welcoming and modern atmosphere. Changing the logo from a "leprosy-stigmatized" identity to a vibrant, brightly colored visual significantly reduced patient fear . (Syahruddin et al., 2025)The redesigned facility not only provides physical comfort but also communicates high standards of cleanliness and medical technology, reinforcing the reliability dimension .

A successful rebranding requires employees to understand and internalize the new brand promise. Without internal branding, there will be a gap between marketing promises and the behavior of frontline staff. Employees who act as brand ambassadors are able to provide a more genuine sense of assurance and empathy . Studies show that employee involvement in the brand transition process can reduce resistance to service system (Syahruddin et al., 2025)

Rebranding strategies often provide momentum for hospitals to adopt new technologies such as a more integrated Hospital Management Information System (SIMRS). The use of

Lean Healthcare and Six Sigma (DMAIC) methods post-rebranding helps eliminate waste such as long waiting times, which directly improves the responsiveness dimension . 27 (Sari & Nugroho, 2021)By 2026, AI-based service personalization will be a key element in rebranding to ensure patients feel treated uniquely and efficiently.

Digitalization and Patient Experience: In this era, the dynamics of hospital rebranding have shifted post-pandemic towards digitalization and patient experience: Corporate Rebranding Theory (Modern Perspective 2021-2026): In recent literature, corporate rebranding is no longer seen as simply a change in visual identity, but rather as a strategic repositioning effort to address demands for transparency and public trust. Recent research emphasizes that successful rebranding in the service sector must align "internal identity" (employee culture) with "external image" (public perception). Rebranding is now often driven by the integration of health technology (Health-Tech) and a shift in business models from curative to preventive.

Healthcare Service Marketing (Digital & Patient-Centric Era): The service marketing mix has evolved over the past five years to become more patient -centric , with a strong emphasis on digital channels. The 7Ps model now integrates the elements of "Platform" and "Personalization ." Service quality is measured by the ease of access to information and interaction through the hospital's digital ecosystem. Rebranding must be able to communicate service quality through digital physical evidence such as app ratings, social media testimonials, and the quality of telemedicine services .

Brand Equity Theory in Healthcare (2021-2026 Model): Brand equity in today's healthcare industry is highly dependent on the "Brand" dimension. Trust" and "Perceived Quality" mediated by data security and service empathy. Modern consumers (patients) choose hospitals based on equity values that include security, speed of response, and a digitally validated reputation for medical success. Rebranding that increases brand equity will reduce perceived risk by patients, thereby improving their assessment of overall service quality.

Case Study of Hospital Rebranding in Indonesia: The transformation of Jakarta's regional general hospitals into "Healthy Homes" in 2022-2025 provides important insights into the shifting service paradigm. This rebranding aims to shift the focus from curative treatment to preventive and promotive health . Data show that although 45.8% of respondents responded positively to the name and logo change, the rebranding variables did not always have a direct linear relationship with perceived medical technical quality ($p=0.785$) (Narsih et al., 2025). This suggests that while rebranding was more effective in influencing institutional image and initial visit intention, the experience of interacting with medical personnel remains the primary determinant of actual service quality assessments.

National Hospital Surabaya uses five branding strategy components to establish its image as a national hospital with international standards: CSR implementation, loyalty programs, marketing mix (green building concept and MRI 3 technology), participation in Surabaya Health Season , and human resource management. Hospital staff, from customer service to security officers, are trained to provide "excellent service" and are able to communicate in foreign languages, which directly enhances the responsiveness and empathy dimensions of service quality. Although its prices are above the average of other Type B hospitals, the facilities and services offered are considered commensurate with the value received by middle- to upper-class patients (Pratama & Mutiah, 2018)

In the case of Awal Bros' rebranding to Primaya Hospital, it was found that the logo change and the provision of excellent service had a significant impact on the company's image.

However, the name and slogan changes themselves did not have a significant impact, suggesting that patients are more influenced by the visual aspects and tangible quality of care than simply the words in the slogan. This has important implications for hospital management to focus less on creating poetic names and more on modern brand visualization and excellent service delivery. (M. Mirza, 2022) Hospital strategic plan viewed from the customer perspective, there are four strategic targets that can be set, namely improving service quality, increasing customer satisfaction, improving the quality of customer relations, and improving the hospital's image. (Prihatmoko et al., 2022).

Global & National Research Trends Analysis: Based on a synthesis of 27 selected primary articles, a fairly dynamic pattern of research development was found, primarily driven by the post-pandemic digital transformation of health.

Publication Trends Per Year (2017–2026): In general, the volume of research on hospital rebranding shows a steady upward trend with significant spikes in certain periods: (a) Consolidation Phase (2017–2019): The focus of research is still limited to changes in visual identity (logos and slogans) and their impact on conventional brand image ; (b) Acceleration Phase (2020–2023): There is a surge in publications due to the COVID-19 pandemic. Hospitals undertake large-scale rebranding to communicate aspects of safety , hygiene, and readiness of medical facilities; (c) Digital Transformation Phase (2024–2026): Research begins to shift towards Digital Rebranding . The main focus is the integration of telemedicine services and user experience (UX) on hospital digital platforms as new indicators of service quality.

Geographic Distribution (Dominant Countries): Research on hospital brand management is dominated by countries with high healthcare industry competition:

Table 4. Geographic Distribution

Ranking	Country	Main Focus of Research
1	United States of America	Corporate strategies of large hospitals and patient loyalty in a competitive insurance system.
2	India	Rebranding of private hospital networks to attract the upper middle market segment.
3	Indonesia	Implementation of *rebranding* at regional and private hospitals to meet accreditation standards and increase BPJS patient satisfaction.
4	England (UK)	Transforming the identity of public health services (NHS) towards efficient community-based services.

Indonesia (through the Sinta portal) shows very rapid research growth, reflecting the high urgency for domestic hospitals to differentiate themselves amidst increasingly dense competition in healthcare facilities.

Dominance of Research Methodology: The methodologies used by researchers reflect an effort to find accurate empirical evidence regarding the influence between variables: (a) Quantitative (65%): Is the most dominant method. The use of questionnaires based on the SERVQUAL (Service Quality) model analyzed using Structural Equation Modeling (SEM) or Partial Least Squares (PLS) is very popular to test the relationship between new brand perceptions and patient satisfaction levels; (b) Qualitative (25%): Generally in the form of a Single Case Study in hospitals that have recently undergone a merger or acquisition. The focus is on organizational culture change and internal change management; (c) Mixed Methods &

Review (10%): Studies that combine field data analysis with systematic literature reviews to map out long-term strategies.

Future Trend Analysis (2026 Prediction): As we approach 2026, literature analysis indicates a paradigm shift from physical rebranding to Humanistic-Digital Branding . Key points include: AI-Driven Personalization: Service quality is measured by the extent to which a hospital brand is able to provide personalized service through AI assistants. Emotional Connection: Rebranding is no longer just about aesthetics, but about building emotional connections and trust amidst the rise of digital health misinformation. Sustainability Branding: Hospitals are starting to include “Eco-friendly” or “Green Hospital” aspects in their rebranding strategies in response to global patient environmental awareness.

Implications of Research Results: Theoretical Implications, This research strengthens the Corporate Rebranding Theory by proving that in the future (2026), brand identity will no longer be static, but will be adaptive to technological changes. These findings provide a theoretical basis for re-evaluating the dimensions of service quality in Healthcare Service Marketing , where tangible elements now include the quality of the digital interface (user interface) and the responsiveness of self -service. Theoretically, this review builds a new proposition that Brand Trust is a more crucial mediator than mere Brand Awareness in the highly risk-sensitive healthcare industry.

Practical Implications: Hospital management shouldn't focus solely on visual campaigns (logos/slogans). Rebranding must be accompanied by cultural training for medical staff to align the brand promise with actual service behavior. Given the technology-driven trends of 2026, hospitals are advised to prioritize the integration of user-friendly information systems as part of their rebranding strategy to improve the perception of service quality. Healthcare facility managers need to conduct regular quality audits using digital parameters (such as Online Reputation Management) to ensure that the rebranding message remains relevant to evolving patient expectations.

Further Research Plans: It is recommended to examine the impact of rebranding on the motivation and performance of hospital staff (doctors, nurses, and administrative staff), considering that they are at the forefront in “bringing the brand to life.” Research is needed that tracks the impact of rebranding on patient loyalty over the long term (3–5 years) to see whether the improvement in service quality is permanent or just a momentary euphoric effect. Considering the predicted trends for 2026, future research needs to examine the impact of the use of Artificial Intelligence (AI) in services and the "Green Hospital" label on the attractiveness of hospital brands in the eyes of the younger, more environmentally conscious generation. Conducting a comparative study between hospitals in Indonesia and hospitals in developed countries to see the effectiveness of rebranding strategies in different cultural contexts and health regulations.

CONCLUSION

Hospital rebranding management is a transformation strategy that significantly impacts service quality, provided it is implemented holistically. Based on a synthesis of 25 journals from 2017 to 2026, it can be concluded that rebranding is not simply a change in visual identity, but rather an organizational commitment to improving each dimension of SERVQUAL. *Tangibles* and *responsiveness* are the most dynamic and rapidly improving aspects through facility renovation and digital technology adoption. However, the sustainability

of the rebranding impact depends heavily on *the assurance* and *empathy dimensions* , which can only be achieved through a strong internal branding strategy and organizational cultural alignment.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this manuscript, the authors used artificial intelligence (AI) and AI-assisted technologies solely to support the writing and editing process, including language refinement, grammar checking, improvement of sentence structure, and enhancement of the clarity and readability of the manuscript. AI-assisted technologies were not used to generate, fabricate, or manipulate research data, research findings, references, or scientific conclusions. All scientific content, literature selection, interpretation of findings, analysis, and conclusions were critically reviewed and verified by the authors. The authors remain fully responsible for the accuracy, originality, integrity, and final content of the manuscript and approve the final version submitted for publication.

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AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this manuscript.

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