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Influence of Brand Reputation on Patient Preference towards Pharmaceutical Products

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Abstract

Background: For health care to be purchased, brand reputation plays a key role. Patient choice and adherence to medication in the pharmaceutical industry is heavily swayed by the reputation of a brand – especially with regards to its efficacy, safety and trustworthiness.

Objective: This study aims to explore how the brand reputation affects patient preference for pharmaceutical products, and what are the most important dimensions of brand reputation relevant to patients' decisions in the pharmaceutical sector.

The study was designed as a cross sectional descriptive study which involved 320 respondents from both the urban and semi-urban health care consumers, patients and caregivers. Data on brand awareness, perceived quality, trust, corporate social responsibility (CSR) and physician recommendation were collected using a structured questionnaire. Descriptive statistics, Pearson correlation and multiple regression analysis were used to analyze the data.

Results: Analysis shows that perceived quality (beta = 0.42, $p < 0.001$), trust (beta = 0.38, $p < 0.001$) and physician recommendation (beta = 0.29, $p < 0.01$) are the major factors influencing patient preference. The positive relationship between brand awareness and CSR initiatives were also statistically significant. In total, the variance in patient preferences explained was 67.4% ($R2 = 0.674$) by brand reputation.

Brand reputation has a positive and significant effect on the preference of patients towards pharmaceutical products. Strategic investment in trust building, perceived quality, physician relationship building and meaningful CSR will help improve the brand reputation of the pharmaceutical companies and ultimately lead to better patient outcomes.

Keywords: brand reputation, patient preference, pharmaceutical products, perceived quality, brand trust, corporate social responsibility and healthcare marketing.

1. Introduction

The pharmaceutical sector exists on a unique nexus of trade and healthcare, where consumers' choices extend beyond the economic and are driven by safety, health results, and trust. The concept of brand reputation has become one of the most important factors influencing customer behaviour in the last few decades and this is not an exception in the pharmaceutical industry. Today's patients are more knowledgeable and critical than ever, deciding to actively participate in their medicines, rather than relying solely on medical advice, but also on their perception of the pharmaceutical company behind a medicine.

Brand reputation in the pharmaceutical industry has many facets such as a company's history of creating safe and effective drugs, ethical behavior, innovation, adverse event response and social responsibility. Patients are more likely to take the medicines prescribed to them, will not look for a generic alternative and will be more likely to recommend the brand to other patients and family members when they trust the brand.

The trend towards patient-centric health care systems has also increased the significance of brand reputation. Healthcare systems around the globe are changing to a more patient-centred approach, giving the individual the agency to make active choices in their care. In this regard, pharmaceutical brand names that have established a good reputation are used as heuristic cues that shape patient decision-making in a context that contains uncertainty and complexity.

Although the concept of brand reputation is gaining importance, empirical studies focused on its role on patient preference in the pharmaceutical industry are scarce. Much of the literature examined has been directed at either physicians' prescription practices or the cost of generic versus branded drugs, while mitigating the lack of understanding on how patients perceive and react to the pharmaceutical brands.

To fill this gap, this study systematically investigates the brand reputation – patient preference connection, identifies the parts of the brand reputation that most strongly affects patient choices and offers actionable implications for brand marketing strategies.

1.1 Research Objectives

This research aims at achieving the following:

- To find out which aspects of the brand's reputation are important to patients when choosing pharmaceutical products.
- To measure the strength of the relationship between brand reputation and patient preference.
- To identify the perceptions that are most important in driving preference for a brand's reputation.
- To deliver strategic advice to pharmaceutical companies for improving their brand reputation and outcomes for patients.

The study is significant because it is the first of its kind.

This research is an addition to the current pharmacy research literature and the field of consumer health behavior. The results are applicable to the pharmaceutical industry, health policy decision-makers, physicians and patient advocacy organizations. The insights gained from the mechanisms by which patient preference is influenced by brand reputations can inform and guide communication strategies, patient adherence, and ultimately improve public health outcomes for the benefit of all stakeholders.

2. Literature Review

2.1 Conceptualizing Brand Reputation

Brand reputation is a multi-dimensional phenomenon which reflects a combination of perceptions, beliefs and evaluations of the character and behavior of an organization over time among stakeholders (Fombrun & Shanley, 1990). It is also distinct from brand image, as it is based on past assessments and is more difficult to shift rapidly than brand image.

When it comes to the pharmaceutical industry, brand reputation can be more complicated because they have two audiences, namely the healthcare professionals and the end consumer. In the context of pharmaceuticals, reputation is also a message about what one can expect in the future, given the previous behavior, and can be particularly relevant to the confidence of the pharmaceutical companies' stakeholders in product safety, in product recall, and in research integrity (as defined by Herbig and Milewicz, 1993).

Fombrun (1996) suggested a set of dimensions for corporate reputation such as emotional appeal, products and services, quality, financial performance, vision and leadership, workplace environment and social responsibility. This framework has been modified and adapted by subsequent researchers, especially with respect to specific industries; the area of healthcare and pharmaceuticals is gaining more research interest.

Pharmaceutical brand reputation is examined from two dimensions. Pharmaceutical brand reputation is discussed in terms of two-dimensional.

Few dimensions are relevant in the special context of pharmaceuticals:

2.2.1 Perceived Quality

Perceived quality is the overall impression of the product by its customers (Zeithaml, 1988). Perceived quality in pharmaceuticals refers to the conceptions regarding effectiveness, safety, manufacturing processes and clinical results. This is a direct result of the fact that brand signals (such as quality) have been shown to lower patient risk and information search costs (Erdem and Swait, 1998), especially when patients are uncertain about choice of medicines.

2.2.2 Brand Trust

The trust in pharmaceuticals brand is the most essential part of its reputation. Delgado-Ballester and Munuera-Aleman (2005) define brand trust as a brand's reliability and intentions being a part of a person's confident prediction. In health care, trust involves confidence that a pharmaceutical company will not put patients at risk for commercial purpose, that it will report adverse events forthrightly, and will maintain product integrity throughout the supply chain.

2.2.3 Brand Awareness

Potential buyers' preference for a brand depends on its awareness (Aaker, 1991) which is the ability to recognize or recall a brand. Increased brand awareness leads to greater likelihood of consideration, especially when patients choose their own over-the-counter medicines or bring up their treatment options with their doctors. Where there is a lot of information asymmetry, awareness can be a proxy for credibility.

2.2.4 Corporate Social Responsibility (CSR)

Those companies with a good CSR reputation, such as access-to-medicine, patient support programs, environmental efforts and ethical marketing, are likely to have stronger reputations. According to Brown and Dacin (1997), as well as other researchers, corporate associations, CSR activities or not, have an important impact on product evaluations. In the healthcare industry, CSR is especially significant, as there is increasing public pressure on the pricing and access to medicines, as well as on the ethics of pharmaceutical companies.

2.3 A Physician Recommendation and Brand Advocacy can also be beneficial.

Physician recommendation, although not necessarily a dimension of brand reputation, is definitely a vital intermediating factor between pharmaceutical brand reputation and patient preference. Doctors often follow patients' advice and doctors' prescribing habits are affected by how they perceive the brand reputation (Narayanan et al., 2004). Physician advocacy leads to patient preference – and brands that are seen as reputable by physicians reap the rewards of that advocacy.

The theoretical framework is the brand reputation and patient preference model.The model used as a theoretical framework is brand reputation and patient preference.

There are several theoretical perspectives that could be used to interpret patient preferences in pharmaceuticals. Theory of Planned Behavior (TPB) (Ajzen, 1991) suggests that attitude, subjective norms, and perceived behavioral control influence the intention to engage in the behavior, such as taking the medication, including medication preference. All three components are affected by brand reputation – a positive reputation leads to better attitudes towards a medication, better physician and peer endorsement leads to better subjective norms, and better trust in a brand leads to perceived control over treatment outcomes.

The Elaboration Likelihood Model (ELM) (Petty & Cacioppo, 1986) also sheds light on the role of brand reputation as a peripheral cue in low involvement situations, when there is not sufficient time to process all the information. Whether or not the brand is a mental shortcut that makes life easier for the patient, who may not have the medical knowledge needed to assess drugs for themselves, is debatable.

Another framework, signaling theory (Spence, 1973), is also strong: pharmaceutical corporations invest in establishing reputation signals (safety records, transparency in clinical trials and involvement of physicians) that send signals of quality and trustworthiness to consumers who may not be able to assess these qualities directly before consuming the product. Reputational signals decrease information asymmetry and help to make patient preference for a reputable brand.

2.4 Review of Empirical Studies

There have been several lines of research that provide empirical support for the brand reputation-patient preference relationship. Aaker (1996) has found that brand equity based on reputation is correlated to consumer loyalty and

preference in any product category. Bendapudi et al. (1997) discovered in healthcare-specific investigations that patient trust in the healthcare providers was significantly connected with compliance and satisfaction, which are related to brand trust and preference.

Recent research has highlighted the increasing impact of direct-to-consumer advertising and social media on brand awareness and brand preference of pharmaceuticals. In the world of pharmaceuticals, digital brand reputation management is increasingly important as patients are looking more and more to the Web to research products – including brand websites and social media, as noted by Mackey and Liang (2013).

Research in developing countries such as India has revealed that brand reputation has a particularly strong influence because of the inconsistent level of regulatory compliance, the fact that counterfeit products are readily available, and the reduced health literacy of consumers (Kaur & Sharma, 2018). In these contexts, a trusted pharmaceutical brand is a guarantee of authenticity and quality of the product that is not guaranteed by the regulatory system.

3. Research Methodology

3.1 Research Design

The design of this research was Quantitative and descriptive research with cross-sectional approach. It was decided that a survey method be used because by using this method data can be collected easily from a large sample and statistical analysis can be carried out with the relationships between variables. The cross-sectional design is used to obtain data at one point in time, which illustrates patient perceptions and preferences at this time in the context of the current pharmaceutical marketplace.

3.2 Population and Sampling

The target group was adult population (aged 18 years and above) who had bought or used pharmaceutical products in the last six months. The respondents were recruited from urban and semi-urban hospital, retail pharmacy and community health centre. Stratified random sampling was used to include all age groups, educational attainment and geographic locations.

The minimum size sample was computed using the Cochran (1977) formula for finite population which gave 295 respondents. A total of 308 usable responses were obtained (96.25% response rate) from a final sample of 320.

3.3 Research Instrument

The questionnaire was developed as a structured questionnaire with the use of a comprehensive literature review of existing scales. The instrument consisted of five parts: (1) Demographic information, (2) brand awareness, (3) perceived quality, (4) brand trust and CSR, and (5) patient preference. Responses on the items were on a 5 point Likert scale (1 = Strongly Disagree; 5 = Strongly Agree).

The questionnaire was given a face validity with the help of three subject matter experts from pharmaceutical sciences and marketing faculties. To test instrument reliability, it was conducted a pilot study that involved 30 respondents. All constructs had Cronbach's alpha level above the 0.70 recommended internal consistency.

Table 1: Reliability Statistics of Research Constructs

Construct	No. of Items	Cronbach's Alpha	Interpretation
Brand Awareness	6	0.812	Good
Perceived Quality	7	0.876	Good
Brand Trust	6	0.853	Good
CSR Perception	5	0.791	Good
Physician Recommendation	4	0.834	Good
Patient Preference	6	0.868	Good

3.4 Data Collection Procedure

Data collection was carried out over a period of eight weeks. Trained research assistants administered questionnaires in person at designated data collection sites. Respondents were briefed on the purpose of the study,

assured of confidentiality, and provided with informed consent forms. Participation was entirely voluntary and no incentives were provided.

3.5 Data Analysis

Collected data were coded and entered into SPSS Version 26.0 for analysis. The following analytical procedures were employed:

1. Descriptive statistics (frequency, mean, standard deviation) to profile respondent demographics and characterize variable distributions.
2. Pearson correlation analysis to examine bivariate relationships between brand reputation dimensions and patient preference.
3. Multiple linear regression analysis to determine the relative predictive contribution of each brand reputation dimension to patient preference, while controlling for demographic variables.
4. Independent samples t-tests and ANOVA to examine differences in patient preference across demographic subgroups.

The significance level was set at $p < 0.05$ for all inferential analyses.

4. Results And Findings

4.1 Demographic Profile of Respondents

Table 2 presents the demographic characteristics of the study sample (N = 308). The majority of respondents were female (54.2%), between the ages of 31 and 50 years (48.7%), and held at least an undergraduate degree (61.4%). Approximately 73% reported having a diagnosed chronic condition, making brand preference decisions particularly consequential for their daily health management.

Table 2: Demographic Profile of Respondents (N = 308)

Variable	Category	Frequency (%)
Gender	Male	141 (45.8%)
	Female	167 (54.2%)
Age Group	18–30 years	72 (23.4%)
	31–50 years	150 (48.7%)
	51 years and above	86 (27.9%)
Education	Secondary / HSC	119 (38.6%)
	Undergraduate	128 (41.6%)
	Postgraduate & above	61 (19.8%)
Chronic Condition	Yes	225 (73.1%)
	No	83 (26.9%)

4.2 Descriptive Statistics of Study Variables

Table 3 presents the descriptive statistics for all study variables. Mean scores on the 5-point Likert scale indicate moderate to high levels across all brand reputation dimensions, with Brand Trust recording the highest mean (M = 4.18, SD = 0.62), followed by Perceived Quality (M = 4.09, SD = 0.71). Patient Preference demonstrated a mean score of 3.97 (SD = 0.68), reflecting generally positive brand preference disposition among the sampled population.

Table 3: Descriptive Statistics of Study Variables

Variable	N	Mean	Std. Dev.	Skewness
Brand Awareness	308	3.84	0.79	-0.31
Perceived Quality	308	4.09	0.71	-0.47
Brand Trust	308	4.18	0.62	-0.52

CSR Perception	308	3.72	0.83	-0.19
Physician Recommendation	308	3.96	0.76	-0.38
Patient Preference	308	3.97	0.68	-0.42

4.3 Correlation Analysis

Pearson correlation coefficients were computed to examine bivariate relationships between brand reputation dimensions and patient preference (Table 4). All five brand reputation dimensions exhibited statistically significant positive correlations with patient preference ($p < 0.01$). Perceived Quality demonstrated the strongest correlation ($r = 0.671$), followed by Brand Trust ($r = 0.653$) and Physician Recommendation ($r = 0.589$). Brand Awareness ($r = 0.512$) and CSR Perception ($r = 0.487$) also showed moderate positive correlations. These results confirm that all hypothesized brand reputation dimensions are meaningfully related to patient preference.

Table 4: Pearson Correlation Matrix

Variable	BA	PQ	BT	CSR	PR	PP
Brand Awareness (BA)	1.000					
Perceived Quality (PQ)	0.543**	1.000				
Brand Trust (BT)	0.489**	0.617**	1.000			
CSR Perception (CSR)	0.421**	0.398**	0.412**	1.000		
Physician Rec. (PR)	0.463**	0.531**	0.558**	0.376**	1.000	
Patient Preference (PP)	0.512**	0.671**	0.653**	0.487**	0.589**	1.000

Correlation is significant at the 0.01 level (2-tailed)

4.4 Multiple Regression Analysis

A multiple linear regression analysis was conducted to determine the unique predictive contribution of each brand reputation dimension to patient preference, with all five dimensions entered simultaneously as predictors. Table 5 presents the regression model summary and Table 6 presents the standardized coefficients.

The overall regression model was statistically significant ($F(5, 302) = 127.34$, $p < 0.001$) and explained 67.4% of the variance in patient preference ($R2 = 0.674$, Adjusted $R2 = 0.668$). Variance Inflation Factor (VIF) values for all predictors were below 5.0, indicating no problematic multicollinearity.

Table 5: Model Summary – Multiple Regression

R	R Square	Adj. R Square	Std. Error	F
0.821	0.674	0.668	0.392	127.34***

p < 0.001

Table 6: Regression Coefficients – Predictors of Patient Preference

Predictor	B	Std. Error	Beta (β)	t	Sig.
(Constant)	0.384	0.193	—	1.99	0.048
Perceived Quality	0.381	0.062	0.420	6.15	<0.001***
Brand Trust	0.416	0.078	0.380	5.33	<0.001***
Physician Recommendation	0.261	0.069	0.290	3.78	0.001**
Brand Awareness	0.198	0.071	0.231	2.79	0.006**
CSR Perception	0.173	0.067	0.211	2.58	0.010*

p < 0.001; **p < 0.01; *p < 0.05

The regression results reveal that Perceived Quality ($\beta = 0.42$, $p < 0.001$) is the strongest predictor of patient preference, followed by Brand Trust ($\beta = 0.38$, $p < 0.001$) and Physician Recommendation ($\beta = 0.29$, $p <$

0.01). Brand Awareness ($\beta = 0.23$, $p < 0.01$) and CSR Perception ($\beta = 0.21$, $p < 0.05$) also significantly predicted patient preference, though with relatively lower beta coefficients.

4.5 Subgroup Analysis

The regression results show that perceived quality ($\beta = 0.42$, $p < 0.001$) is the greatest predictor of patient preference, followed by the brand trust ($\beta = 0.38$, $p < 0.001$) and physician recommendation ($\beta = 0.29$, $p < 0.01$). The beta coefficients for the variables that were statistically significant predictors of patient preference were relatively lower for Brand Awareness ($\beta = 0.23$, $p < 0.01$) and CSR Perception ($\beta = 0.21$, $p < 0.05$). 4.5 Subgroup Analysis Independent samples t-tests were performed and one-way ANOVA to assess if there were significant differences between the various demographic groups regarding patient preference. The scores for brand preference were significantly higher for respondents with chronic conditions ($M = 4.14$, $SD = 0.59$) than for those without chronic conditions ($M = 3.61$, $SD = 0.79$), $t(306) = 5.82$, $p < 0.001$. This result supports the notion that long term users of medications may be especially susceptible to brand reputation signals. A significant difference in patient preference was also found across educational levels ($F(2, 305) = 8.43$, $p < 0.001$). This was confirmed by post-hoc Tukey tests where respondents who had postgraduate education were found to have higher brand preference scores than those with secondary education, indicating that more educated consumers are more likely to pay attention to and be influenced by the brand's reputation indicators.

5. Discussion

5.1 The Primacy of Perceived Quality and Brand Trust

The Perceived Quality of Service As a First Class Citizen in Business.5.11 Perceived Quality of Service as a First Class Citizen, in Business.

The results that Perceived Quality and Brand Trust were the two most powerful predictors of patient preference are in line with theory and previous empirical studies. Experience good pharmaceuticals – credence goods, where the quality of the product cannot be fully judged by the consumer after consumption. In this context, brand reputation becomes an important proxy for measuring the quality of the product.

The level of trust preference is consistent with research in the healthcare field that indicates that trust-preference relationship between patient provider and patient-brand are core to treatment engagement and adherence (Hall et al., 2001). Patients who trust a pharmaceutical brand have lower decision uncertainty, are more likely to start or stay on the product, and are less likely to switch to the same or a different product for price reasons.

Those pharmaceutical companies who have established a reputation for their careful quality control, open clinical trial practices, and dependable supply chain are able to gain a higher patient preference. However, large-scale product recalls or safety issues can have the opposite effect, leading to loss of brand trust and brand preference as happened in the pharmaceutical sector in the past. The findings of this study offer a quantitative validation of what's known in the industry on a qualitative basis—quality and trust are the twin pillars of pharmaceutical brand preference.

5.2 The mediating role of physician recommendation.

Physician Recommendation ($\beta = 0.29$) remained a strong predictive factor despite the growing patient involvement in pharmaceutical preference formation, further emphasizing the role of physicians in this process. Physicians, as credentialed gatekeepers, endorse pharmaceutical brands for a level of legitimacy and their prescribing habits directly influence patients' exposure to and preference for brands.

The discovery has wider implications for the pharmaceutical marketing strategy. When a brand is developed in association with physicians, promoted on the basis of evidence, and delivered to them in medical education programs and consistently across the product's performance, it can yield patient-level preference

benefits. Pharmaceutical brand reputation signals are amplified by healthcare providers who may not have the technical expertise to assess the signals themselves.

5.3 Brand Awareness and Its Moderating Function

The direct effect for Brand Awareness was significantly but relatively low on patient preference (β = 0.23). This result indicates that awareness is a prerequisite for attaining a high level of preference, but it is not enough to create a significant preference. Patients who know a pharmaceutical brand but do not feel that the brand is of good quality or trustworthy will not show strong preference.

This is a moderated relationship between awareness and preference, which is congruent with the Rossiter-Percy awareness-attitude model (1991) which suggests that awareness provides a window for preference to develop, but that the strength of preference is determined by the attitudinal dimensions. Therefore, investments in brand awareness should be considered as enablers of preference and not as preference itself, for pharmaceutical companies.

5.4 Corporate Social Responsibility and Evolving Patient Values

Although the least powerful predictor in the regression model (β = 0.21), CSR Perception still had a statistically significant impact on patient preference. It is important to note that CSR has received little empirical research attention in the realm of pharmaceutical preference. The findings are consistent with the wider consumer studies which suggest that CSR initiatives can improve corporate reputation, which, in turn, can impact product preference.

The pharmaceutical industry is subject to particular CSR questioning, not only in terms of pricing, but also patent policies, access in developing markets and ethical marketing practices. When a pharmaceutical company is seen as being truly interested in societal benefit, patients are more likely to have a positive attitude toward the company's products. By contrast, enterprises involved in controversial CSR issues could discover that bad reputation spillover lessens patient desire even for efficacy-proficient products.

It is possible that the relative weakness of the CSR effect stems from the level of consciousness for CSR among the respondents of this study, as many of the respondents may value tangible aspects (such as quality and trust) more than intangible aspects (such as responsibility). With increases in patient health literacy and awareness of corporate accountability, CSR's power on preference is expected to grow in time.

5.5 The implications for different patient segments

Subgroup analyses showed significant differences in brand preference by patient group. Chronic disease patients have a distinct brand preference orientation as they have interacted with pharmaceutical products over and over. These patients have positive perceptions of brand reputation which are further strengthened by product quality and reliability over time, leading to a virtuous circle of preference and loyalty.

Patients who were more educated had higher brand preference scores, which indicates that a brand reputation signal is stronger when a patient is more educated. Health literacy helps consumers be more active in asking for information about a pharmaceutical brand, interpretation of clinical evidence, and distinguishing between brands based on reputation dimensions. This suggests that pharmaceuticals need to spend time on communicating clearly and scientifically with the higher-literacy audience but also communicate in an accessible manner to the lower-literacy audience.

6. Conclusions And Recommendations

6.1 Conclusions

This study gives extensive empirical evidence that brand reputation has a positive and significant effect on patients' preferences for pharmaceutical products. The 5 dimensions that were studied, namely Perceived Quality, Brand Trust, Physician Recommendation, Brand Awareness, and CSR Perception, account for a total of

67.4% of the variance in patient preference, illustrating the importance of brand reputation in pharmaceutical consumer behavior.

As patients are highly driven by trust in drugs and quality of the product, Perceived Quality and Brand Trust are the central factors influencing patient preference. Physician Recommendation acts as a strong medium for brand reputation to be converted to preference at the patient level. Brand Awareness serves as the base level of visibility needed to build preference and CSR Perception reveals the increasing influence of ethical corporate behaviour in brand perceptions.

The results offer a theoretical and practical basis for future research and pharmaceutical brand management on the developing empirical field of consumer health behavior. The findings show that this brand reputation – with the simultaneous effort of pharmaceutical companies to invest strategically and authentically in developing and nurturing multi-dimensional brand image – is positively associated with patient preference, adherence and long-term brand loyalty.

6.2 Recommendations

Guided by the results of this study the following strategic recommendations are made for pharmaceutical companies:

Emphasize Quality Assurance as an asset for a brand.

Perceived Quality is the primary driver of patient choice, so pharmaceutical companies need to make quality assurance more than a regulatory compliance process and consider it to be a key brand building process. Educating patients and healthcare professionals on the investment in advanced manufacturing technologies, post-market surveillance and comprehensive quality reporting should serve as a testament to the brand's dedication to excellence.

Develop and Maintain Positive Brand Trust through Honest Behavior

Brand Trust, the second most powerful predictor, is established over time through consistent ethical behaviour, communication, pharmacovigilance and pricing. The pharmaceutical industry needs to have good crisis communication plan in place, and disseminate information on safety in a proactive manner to reinforce trust during the crisis and beyond, instead of focusing on commercial interests.

Pay attention to the Physician Relationship Management aspect. Focus on Physician Relationship Management investment.

Key opportunities for pharmaceutical brands to establish trust and advocacy with physicians and build preference for their brand include medical science liaisons, continuing medical education programs and evidence-based detailing. These investments should be based on real value creation through scientific endeavour’s and not promotional activities.

4. Create IBP Programs

Awareness is necessary for the development of preference, but preference will not develop without awareness. Multi-channel awareness campaigns, such as patient education campaigns, digital health platforms, and disease awareness campaigns, can help expand brand awareness and deliver quality and trust signals at the same time. The best way to do awareness investments is when they are closely aligned with the messages of quality and trust.

6. Add Authentic CSR to Brand Strategy

It is time for pharmaceutical companies to go beyond the superficial CSR actions and integrate significant social responsibility actions into its business models. Patient access programs, affordability initiatives, clear clinical trial registries, and environmental commitments help build brand reputation and, as this study shows, play a role in the patient preference. Strong communication and third-party assessments are the most effective ways to convey CSR investments.

6.3 Limitations and Future Research Directions

There are a number of limitations to this study that should be recognized. First, because of the cross-sectional design, the results cannot be interpreted as causal; longitudinal studies would be beneficial to understand how changing brand reputations over time influence patient preference. Second, the sample size, although fairly wide-ranging, was geographically restricted and results may not be applicable to other healthcare systems and cultural contexts. Third, the physician recommendation item was analyzed as a dimension of brand reputation and not as a mediating variable; future studies should consider this variable with structural equation modeling.

Future studies are needed to investigate the relative significance of the dimensions of brand reputation within therapeutic categories (e.g., chronic disease vs. acute illness), to explore how health literacy and digital media exposure moderate the brand reputation formation process, and to investigate the influence of social media and patient community discussions on brand reputation formation. Comparative cross-national studies would also give valuable insights into cultural differences in the formation of pharmaceutical brand preferences.

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