

**A Comparative Study Regarding  
the Influences of Rational and Emotional Appeals  
in Private Hospital Marketing:  
A Case of Obstetric Clinics**

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## **ABSTRACT**

Emotional appeal has been deemed as a powerful advertising technique, which provides substantial communicating benefits, particularly in influencing customers' attitude change and decision-making process. Nevertheless, there are certain sectors of the economy where prior researches recommended the use of rational appeal over emotional appeal, including the private hospital industry – the target of our research. While the current literature lacks empirical evidences to justify if the potential of emotional marketing in these types of industries were indeed overlooked, we also saw no significant past attempts in recognizing the contextual criteria that governs the effectiveness of both rational appeals and emotional appeals in designing advertising strategies for the respective products/services. Drawing upon the conservation of resource theory and the elaboration likelihood model, our research aims at conducting a comparative study regarding the influences of rational appeal and emotional appeal in private hospital marketing, with a specific case of the obstetric clinic segment. The research findings showed a dominance in effectiveness of emotional appeal compared to rational appeal, and a moderating effect of quality expectation on customers' attitude towards the advertised products/services when they were exposed to the advertising stimuli. We therefore assume the view that emotional marketing has various potentials in industries where conventional approaches seemingly overlooked them, and various interesting managerial implications can be drawn upon to not only open up new research opportunities for future enthusiasts, but also providing marketing managers around the world with new options in designing their marketing tactics. Speculations of research results and further discussion, as well as recommendations for future studies are also included at the end of the paper.

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## **I. Introduction**

Over the past decades, the marketing budget for hospitals and other healthcare providers have risen dramatically, implying the increasing pressures of competition and the need for branding. However, it seems these investments are seeing poor results. How do hospitals advertise themselves? Do these advertisements influence customers so much that they are persuaded to choose a certain healthcare provider? Prior researches have examined the effectiveness of hospital advertising and its strength as a factor of hospital choice. Fisher and Anderson (1990) stated that while the majority of the respondents acknowledged of the advertisements and understood the specialties of the hospitals, they did not view the ads as the primary factor for their hospital choice. Physician recommendation and location were still the most important elements that affected their decision. Andaleeb (1994) found out that for consumers who can recall the advertisements seen on TV and newspaper, there were differences in their attitudes towards the hospital advertisements depending on some demographic factors such as age, gender and education.

The motivation for the current research stems from the fact that very few or none of the prior researches attempted to examine the effects of emotional factors in consumers' choice of hospitals. While physician recommendation, location, hospital reputation, and price can be convincing indicators for choosing a certain hospital, there was no literature that specified that emotional appeals could not do just as well. Emotions, as many previous researches stated, play an important role in human's processing of information, responses to stimulus, attitudes and behavior. Emotional appeals can cause impulsive buying behavior (Weinberg & Gottwald, 1982; Rook, 1987) and affect purchase intention (Sherman et.

al, 1997). Over the past decades, we could see the increasing number of advertisements and TVCs that include emotional appeals, such as story-telling contents inside. Therefore, it is important for marketing managers to stop neglecting such a powerful tool, and it is also important to know how effective emotional appeals could be when using in an environment that works directly with people's life and death – the hospital and healthcare provider industry. Our current research aims to bridge this gap in the current pool of knowledge, to provide useful references for marketers around the world for designing their marketing campaigns. Based on limited literature resources, we also understand that a large-scale research that could provide generalizable results for the whole industry is a bit beyond our capabilities. As a result, the current research is restricted within one segment of the hospital industry, namely the obstetric clinic industry. Obstetric clinics are private clinics that provide obstetric medical services, such as inspection, check-up or treatment of any diseases associated with women's ability to give birth or their children's health during pregnancy. Our literature review has provided interesting findings to motivate us to work on this area. And also, the mother of the author is also an obstetric doctor, who has provided us with valuable knowledge regarding her working environment and the characteristics of obstetric treatments, as well as precious supports during the early stages of the research.

## **II. Research Questions**

Our current research proposes the following questions:

- Are there any significant differences between the rational appeals and emotional appeals in their influences on customers' attitude towards the advertised products/services, after customers are exposed to the ads?

- Are there any moderating factors that affect the effectiveness of emotional appeals regarding their influences on customers' attitudes?

These research questions, again, aim at the private healthcare sector, or private health clinic industry, where marketing and branding efforts are obviously important for the competition. Within the limit of this research, we choose the obstetric clinic industry to have a more focused target and higher accuracy of the analysis. The reason for choosing obstetric clinic service will be discussed further in the literature review section. Our expectation is that for both case, emotional appeals are equally as effective as rational appeals in their influences on customers' attitude towards to the advertised products/services, when it comes to obstetric healthcare service. Additionally, there are certain moderating factors that could alter the effectiveness of emotional appeals, should marketers wish to use these appeals in place of rational appeals. If our findings meet this expectation, marketing specialists of private obstetric clinic could have more options to effectively design their marketing strategies as well as to position their brand image.

### **III. Literature Review**

Emotions have been a widely used tool in marketing, especially in advertising and branding. Emotions have a significant impact on the processing of marketing information and message communication, on the mediating of responses to persuasive appeals, on the measuring of marketing stimuli's effects, on the initiating of goal-setting and the enacting of goal-directed behaviors (Bagozzi et. al, 1999). Emotions also "*serve as ends and measures of consumer welfare*" (Bagozzi et. al, 1999). In her 1999 research,



Mattila further elaborated the important role of emotional marketing, as prior researches successfully proved that emotions “*affect customers’ reactions to advertisements (Edell & Burke, 1987)*”, “*enhance their attention (Olney et al., 1991)*”, and “*affect brand attitudes (Aaker et al., 1986)*”. Mattila suggested that advertising strategies for service marketing should not ignore the potential of emotional appeals, and that emotion-based marketing will work more effectively for certain types of services than the others. Nevertheless, the past researches recommended a matching-type advertising strategy, meaning the appeal used as stimuli should match the type of product being advertised (Johar and Sirgy, 1991). Regarding this matching-type concept, Mattila (1999) explained that value-expressive appeals, which are similar to emotional appeals, should be matched with value-expressive products whilst utilitarian appeals would achieve the highest effectiveness for products that “*require cognitive evaluations*”.

Numerous prior researches have shown the use of emotional appeals and rational appeals in marketing and advertising (Albers-Miller & Royne-Stafford, 1999; Holmes & Crocker, 1987; Pallak et. al, 1983; Mattila, 1999; Rosseli et. al, 1995; Furnham et. al, 1998; Main et. al, 2004). Depending on the characteristics of the industry, product/service provided, customers, and various other involved elements, emotional appeals can be more effective than rational appeals, and vice versa. Aaker and Stayman (1990) claimed that rational appeals in the form of informative/effective factors are the best indicators for advertisement likeability and brand attitude when it comes to goods marketing, yet even in the context of service industry, Berry et al. (1991) supported that rational components such as factual information can help customers reduce the level of uncertainty and thus facilitate their decision-making process. In other studies, emotional appeals are encouraged in service marketing (Young, 1981; Upah &

Uhr, 1981). Although their study found a higher level of attitude towards the marketing attempts of restaurants via rational appeals, Stafford and Day (1995) claimed that the persuasive messages were exposed in written form only, which could not fully generate our understanding of the influences of emotional appeals, such as through pictures, not to mention the fact that *“advertisement-induced feelings were not measured in the study”* either. Overall, there was no prior research that could prove the absolute dominance in effectiveness of any kind between the two, whether it is on brand recall, brand attitude, purchase intention, customer satisfaction or customer loyalty. It is also possible to combine both to appeal to certain customer segments.

The past decades have witnessed substantial increases in the marketing and advertising expenditures of hospitals and other healthcare providers, *“largely as a result of the competitive pressures which many institutions have felt”* (Costello, 1989). However, many are seeing disappointing results from their advertising efforts, most likely due to the lack of specific, strategic objectives. It is important for hospitals and healthcare providers such as private clinics to consider the whole decision-making process, from awareness to purchase of a healthcare product or service; and transform their advertising objectives into specific communication goals. (Costello, 1989)

Not only hospitals, healthcare product providers such as pharmaceutical companies have spent huge amounts of investments in advertisements for prescription drugs. Around \$1.8 billion has been used for DTC advertisements alone in 1999. In the U.S, pharmaceutical advertising has increased \$40 million in 1989 to \$300 million in 1994, and even up to \$2.5 billion in 2002 (Roth, 1996; Bittar, 2003).

Pharmaceutical companies have been traditionally known to marketing their products directly to physicians and doctors, who will in turn prescribe their products when treating patients. However, the time has changed as it has taken much longer to ensure the safety of a prescription drug, pharmaceutical companies are now doing more DTC advertisements so that customers are encouraged to ask physicians for their products, effectively taking advantage of the remaining years of the patent protection and maximize profitability. As pharmaceutical businesses shifted their focus on direct, end consumers, their advertisements have undergone significant changes, and these companies have also begun to use emotional appeal in their ads, rather than solely relying on rational appeals. (Main et. al, 2004)

There are two stakes one would consider when he/she contracts an illness: for self and for family. When processing a health message, from an advertisement for example, customers' emotions play an important role in moderating the effectiveness of that message. Agrawal et. al (2007) empirically proved that positive emotions could make the self-referent health appeals more effective than family-referent appeals; and the converse occurred under the peaceful emotional states or negative emotional states. The research of Agrawal et. al supported two following statements: 1) This research supported the prior researches' findings that emotions played an essential role in information processing, such as when viewing an advertisement; and 2) family factor could be an effective stimulus when customers were exposed to a healthcare product advertisement, and patients were conscious of the family factor. There was a reciprocal influence between a customer's emotion and the family-referent appeal. This is one of the major reasons for choosing the obstetric clinic sector, since patients of this healthcare service are often pregnant women or women who could not give birth. In the science of obstetrics, the family factor

appears strong and vivid to the woman patients, as any mistake could directly affect their children's lives.

Many emotional advertisements focus on invoking positive emotions. They aim at creating a comforting, trustworthy message so that the patients can form the beliefs they will receive good treatment and their diseases will be cured. However, prior literature also mentioned the fear appeal theory, a common practice used in advertising healthcare products or services. In essence, fear appeal theory is a theory of behavior modification based on the communication of tailored risk (Sweet et. al, 2003). Fear appeal theory states that persuasive messages to motivate behavior change can be created by conveying the fear of an adverse consequence caused by a certain set of behavior, which needed to be halted or avoided. Fear appeals have also been proven to be effective in altering behavior (Boster & Mongeau, 1984; Dillard, 1994; Floyd et. al, 2000; Mongeau, 1998). In their 2003 research, Sweet et. al proved that fear-appeal theory appeared to be *“an effective method for the design of tailored health risk assessment messages with regard to cancer and genetic counseling”*, and suggested that future researches should examine and assess the use of fear appeal techniques as an emotional tool, and customers' emotional reaction to the risks communicated through these techniques. As for our current target – the obstetric healthcare, there might be a high likelihood that fear is also a major factor that affects the emotions of the patients, as women might be worried about their ability to give birth, or their children's health during their pregnancy. Moreover, these fear emotions might even cause the patients to further invoke negative emotional states, such as sadness, worriedness, anxiety, nervousness and frustration. As shown before, these emotional states might make women more conscious of any family-referent appeals used in the

health message, whether it is direct marketing from the physicians or ads, and this will become a favorable condition for the marketing used in obstetric clinics, since family-referent appeals are but a common emotional marketing element of these healthcare providers. Therefore, while literature review normally assumes emotion advertisement as positive emotion advertisement, in the current research we will also include negative emotion advertisement, which is technically termed as fear appeal, or scare tactics as explained above, and examine the influences of both cases.

Since prior researches on related topic and subjects are scarce, especially regarding healthcare marketing and private hospital marketing, the lack of concrete evidences makes it difficult to conclude whether emotional appeals, such as emotional messages and scary advertisements, or rational appeals, such as the physician's reputation, healthcare facilities, or price, work better in marketing private obstetric clinics. Previous researches are strictly limited, and absolutely no research was found to work on this topic before. The current research, therefore, hopes to shed light to these concerns, and contribute to the pool of literature on hospital marketing in general, and private clinic marketing in specific.

#### **IV. Conceptualization**

##### *Theoretical Framework and Hypotheses*

Our current research employs the Conservation of Resource (COR) theory (Wang & Beise-zee, 2013) as our theoretical background. The COR theory predicts that emotionally exhausted employees seek to replenish and recover depleted resources. Social support is a resource to replenish an employee's emotional depletion. When people are charged by negative emotions, the caring and understanding of

others forms the social support that is needed for replenishing depleted affective resources after emotional exhaustion. Expression of encouragement, compassion or empathy and giving some kind of reward or recognition is an important source to replenish employees' emotional exhaustion. These compensatory resources strengthen employees and offset the depletion of their resources. Similar to the health care sector – in which exhibiting empathy toward the emotional plight of patients who suffer pain or anxiety serves an essential function of servicing customers – recognition of a business customer's emotional burden and provision of resources to recharge depleted energy resources can provide the means for the customer to swiftly regain the strength and confidence required to achieve the specific service purpose. Besides offering instrumental support such as rest, security and an opportunity to release stress, the positive care and compassion shown by service staff is considered as being able to empower an exhausted individual to perform.

According to Kim and Mattila (2010, p. 432), *“customers enter a service establishment with prior mood states, which can be either positively or negatively valenced.”* Wang and Beisezee (2013) further elaborated *“Emotional states of customers can originate prior to the actual service encounter in anticipation of the services to be received.”* Some examples of service contexts in which customers often have pre-encounter emotions, usually negative emotions, *“such as anxiety or sadness, include medical services, funerals and insurance claims”* (Barley, 1983; Brown and Kirmani, 1999). Therefore, it is safe to assume the viewpoint that people come to a healthcare center are also charged with emotions prior to the service encounter. These emotions can be either positive or negative. As an instance for obstetric sector, patients can be happy or feel hopeful when they have the sign of pregnancy, for

example. They can also feel anxiety, worries, or even fear if they are about to take inspection or treatment of certain obstetric-related diseases. In any case, it was empirically proven that before coming to a health-care service provider, in this case an obstetric clinic, patients already formed a certain level of emotional valence. This emotional valence can affect their ability to process the persuasive message provided at the clinic. One case proposed by the COR theory stated that under negative emotional valence, customers may become emotionally exhausted and seek to replenish and recover depleted resources. In such cases, social support in the form of emotional encouragement, compassion or empathy, may become a critical source that helps customers improve their emotional valence. Persuasive message including emotional appeals in the form of providing social support and emotional encouragement to customers, consequently, will receive a favorable attitude and better information processing. In contrast, if customers who come to the healthcare center without the need to replenish their depleted resources (for instance, they only tag along with their friends -the patients- on the occasion, or drop by to receive information, or are simply in a positive, favorable mood state after having a certain good news in the day), they do not have the need for social support or the need to replenish emotional depleted resources, which will mitigate or even nullify the effects of emotional appeals. Hence, based on the literature review and the theoretical background, the starting point of our current research is that the healthcare industry does not appear to be an industry where positive emotions are a prevalent part of the value offered, which renders emotional appeals ineffective; whereas rational appeals are a popular advertising method as customers are more concerned about the service quality. Therefore, we hypothesize:

*H1: Rational appeals are more effective than emotional appeals in influencing customers' attitude towards the service of healthcare industry.*

And,

*H2: Emotional valence moderates the effect of emotional appeal, so that emotional appeals are significantly more effective than rational appeals in influencing customers' attitude towards the service of healthcare industry if they are experiencing negative emotional valence.*

It is also important to make a note that an emotionally charged person does not mean he/she is experiencing emotional exhaustion. Thus, it is necessary to measure the extent of their negative emotions to ensure the patients are truly experiencing emotional distress and energy depletion.

According to the Elaboration Likelihood Model, proposed by Petty & Cacioppo (1986), when conditions provide people with motivations to engage in issue-relevant thinking, or when elaboration likelihood is high, it causes the attitude changes to travel through a “*central route*” where a person executes “*diligent consideration of information that s/he feels is central to the true merits of a particular attitudinal position.*” In contrast, if such motivation is insufficient, or the elaboration likelihood is low, the attitude changes will travel through a “*peripheral route*” in which significant influences exerted on customers' purchase intention mainly come from a variety of simple cues related to the issue, object or content. Using the conceptual framework in Petty & Cacioppo's 1986 research, the current research applies into the situation of customers of obstetric clinic. It appears undeniable that the customers have a strong motivation to process the information of the persuasive message of the service provided since the nature of the healthcare service has a direct relationship with patients' well-beings, and even their family



when it comes to obstetric healthcare. However, another characteristics of the healthcare service is that it is extremely difficult to evaluate the quality of the service due to the lack of professional and technical knowledge about the respective major. In other words, patients who come to obstetric clinic seldom have sufficient capability to evaluate the quality of the service by themselves even if the persuasive message provide thorough informative, rational appeals. In that case, according to the ELM, customers will switch to peripheral cues, such as the expert sources (doctor or physician), the general atmosphere (professional, cozy, clean...etc), and positive/negative affects can also become a source of peripheral cues that customers could rely on in processing the persuasive message. In short, if the customers have a high quality expectation, that they are fairly certain that they will receive reliable treatment from any private hospitals, the emotional appeals can be effective approaches as peripheral cues to appeal to customers. Although in this case the attitude may be only temporary, this process may work in collaboration with the COR theory, especially when patients are pre-charged with negative emotional state. On the contrary, if the customers do not feel certain that the quality of every private hospital does not vary significantly and that they might receive unreliable treatment from certain healthcare providers, they will follow the central route, which requires rational appeals such as hospital's reputation, figures and evidences, accessibility and prices, on their hospital choice. The quality expectation factor, therefore, is expected to have a significant moderating effect on the effectiveness of emotional appeals in advertising private obstetric clinics in this case. Hence, we hypothesize:

*H3: Quality expectation moderates the effects of emotional appeals, so that high quality expectation increases the effectiveness of emotional appeals.*

## Conceptual Framework

Based on the theoretical background and hypotheses, the current research proposes the conceptual framework as follows:

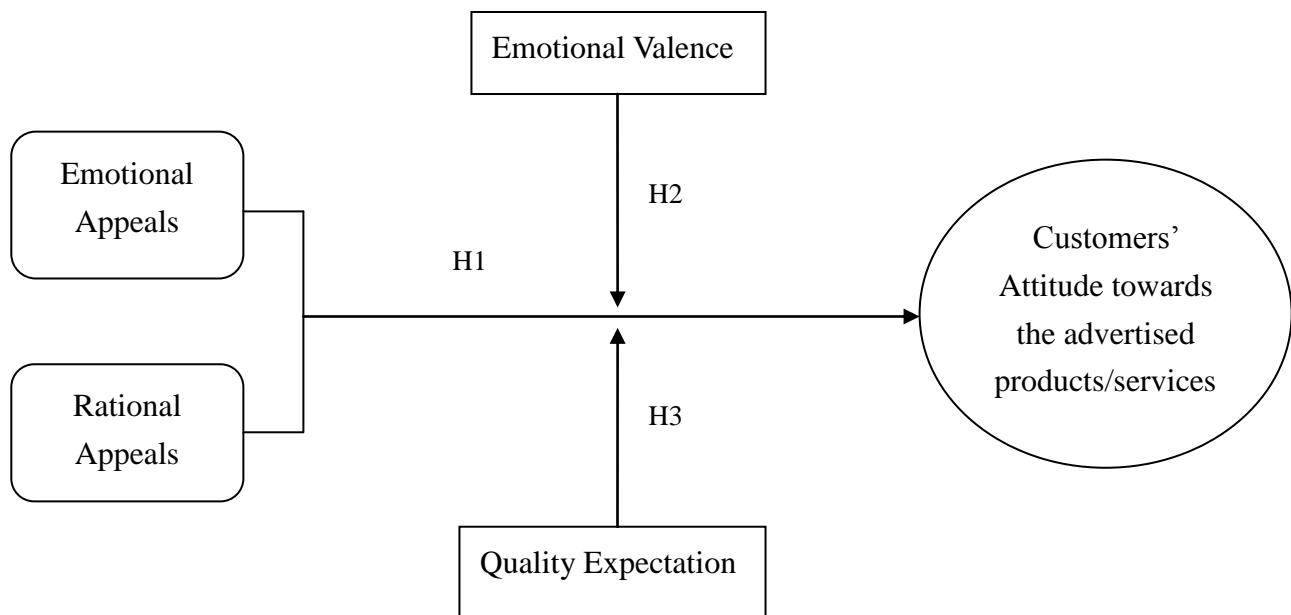


Figure 1: Conceptual Framework

For hypothesis 1, the main purpose is examining the effects of rational and emotional appeals on customers' attitude towards the advertised products/services in healthcare industry, based on the arguments of the previous literature. Moving on to hypothesis 2, we now take into account the presence of customers' emotional valence or their emotional state before their exposure to the advertising stimulus, and fully examine its moderating effect, if any, on the relationship between the advertising appeals and customers' attitude, under the framework of COR theory. Lastly, hypothesis 3 revolves around the argument of quality expectation as another moderating factor on the relationship between the advertising appeals and customers' attitude, based on the ELM theory.

## V. Research Methodology

### *Experiment Design*

Instead of a laboratory experimental environment, our research employs a real life experiment, conducted in two popular local obstetric clinics. The reasons for using two different clinics will be fully discussed in the next section. A total population of 411 Vietnamese women, aged 25-40 have agreed to participate in the research. They all visit these two clinics for obstetric treatment or periodical inspection. Our researchers have guaranteed that even though the participants came from various districts, all of them reside within Thanh Tri Province, Hanoi, Vietnam, with similar background and equivalent living standard. Upon studying further about their demographic information, we have found that 90% participants have at least one child, and 76% of them have already used obstetric treatment and inspection services before. Moreover, although it was the first time coming to an obstetric clinic for the rest 24%, all of them admitted that obstetric services were extremely important and periodical obstetric check-ups would be strongly advisable. Therefore, we can safely conclude that our target population was relevant for research purposes, and the findings will be appropriate for hypothesis testing phase.

Three unique professional advertisements have been designed for the experiment (See **Appendix 1,2,3**). All of these advertisements endorse one obstetric clinic brand, namely Hanh Phuc International Hospital, a famous private hospital in Binh Duong Province, Vietnam, that focuses on obstetric treatment and inspection, pregnancy care, and even plastic surgery. Over a decade after its establishment in 2001, Hanh Phuc International Hospital has been ranked 5/5 stars for its service quality by the Ministry of Health in 2011, officially placed among the top hospitals in Vietnam in its area of specialization. We

decided to choose Hanh Phuc International Hospital for two main reasons: 1) We wanted to apply our research findings into practical situations in which our target for advertisements is a real established brand; and 2) The proven quality of this real brand serves our purposes of studying the moderating effect of Quality Expectation factor on customers' attitude towards the advertised products, which was previously discussed in the hypothesis section. Additionally, in order to avoid cases of *a priori* attitude which affects the reliability of the response entry, our researchers have confirmed with every single respondent before beginning the experiment, and 100% participants stated that it was the first time they had heard about the aforementioned brand.

Although endorsing the same brand, each advertisement communicates a different message and different appeals. There are three types of appeals used in our experiment: rational appeal, positively emotional appeal, and negatively emotional appeal. According to BusinessDictionary.com, rational appeal is defined as "*the reasonable, practical and functional desirability of a product or service to a potential consumer*" while emotional appeal is defined as "*promotional activity aimed at highlighting emotional factors (such as looks, status value, popularity) of a product, instead of the logical or practical factors*".

Rosselli et al. (1995) elaborated that while rational appeals work by "*influencing the evaluative cognitions generated about the object in question*", emotional appeals serve "*to cue the retrieval of emotional experiences associated with an object.*" Following these definitions, our three advertisements were designed in a distinctive manner, which aims at delivering only one type of appeal for each advertisement. In the rational advertisement, we appealed to the customers using numerous facts and figures provided by the official website of Hanh Phuc International Hospital

(<http://hanhphuchospital.com>) that proved the excellence of its service quality, and the main message being **“The top brand for prestige and quality”**. As for the positively emotional advertisement which aims at invoking positive emotions, we used the image also from Hanh Phuc International Hospital’s website which portrayed a doctor attending to a pregnant patient with smiles and care, in a cozy atmosphere at the hospital. The message for this advertisement was **“We truly understand those who wish to become a mother.”** Finally, the negatively emotional advertisement, which employed the fear appeal theory as explained in the theoretical background section, we chose an image of an adult hand (probably a female hand) holding a very small, pale hand of a newborn baby, with the message **“Please save your children before it is too late.”** The source of this image stated that the baby in the picture was a case of neonatal death (early-birth death), which is one of the most tragic situations in the field of obstetrics. In addition, each advertisement also included several supporting lines for each main message, and placed right below them. All other elements of the advertisement, including the decorations, the color, the format and structure, and additionally information (hospital name, logo, contact, website) were strictly the same for all three advertisements.

After agreeing to our terms and conditions and granting us their consensus, each participant was exposed to one and only one type of advertisement among the three mentioned above. After spending enough time (2 minutes was the amount suggested in the instruction) to view the printed advertisement poster, participants proceeded to answer the 11-item set of questions beginning from the next page, and were not allowed to view the poster again. All questionnaires were delivered before the patients received the obstetric services, and submitted one by one. Unfinished questionnaires were returned to the patients to

complete. All questionnaires were originally prepared in English, and translated to Vietnamese using back-translation technique. **Appendix 4,5** show the two versions of the survey questions. In fact, 425 questionnaires were collected at the end of the experiment. However, as we checked each entry, we found out 14 entries with extremity bias (choosing all answers at one extremity) and therefore we decided to exclude them from our analysis, resulting in 411 qualified entries. Among them, 241 entries were collected from the first clinic, and 170 entries were collected from the second clinic. Breaking down further, the number of entries collected for the rational advertisement, the positively emotional advertisement, and the negatively emotional advertisement are 57, 125, 59 respectively for the first clinic, and 61, 55, 54 respectively for the second clinic. The reason for such a high quantity of the positively emotional advertisement collected from the first clinic was because at first, we intended to conduct the questionnaires by quota, and we set the quota at 70. This means, once we finishing collecting 70 entries of one advertisement, we will proceed to the other advertisements. At the first stage of the experiment, we finished collecting 70 entries of the positively emotional advertisement (since this advertisement design was completed first). However, after considering the fact that marketing and advertising in particular are highly context-specific, and the results we could collect today might differ from the results we could collect tomorrow, we finally decided to mix up all three advertisements randomly, and the participants would not know which advertisement they would be exposed to, while we made sure that we could receive entries from all three advertisements each day. Nevertheless, all of the other external elements inside the clinic were kept unchanged when we conducted the latter entries, and we strictly followed the same instructions for the first 70 entries of the positively emotional advertisement as well. Hence we decided to keep these 70 entries for the analysis. At the end, for both

locations, we received 118, 180, and 113 eligible entries for rational advertisement, positively emotional advertisement, and negatively emotional advertisement respectively.

The primary reason for us to carry out the experiment in two different clinics was in order to increase the robustness of our findings. The two clinics in our experiments are located in two different districts in Thanh Tri Province, Vietnam. Therefore, if our findings can prove that there are no significant differences between the two populations with regard to our hypothesis testing phase, we can certainly increase the generalizability of our findings, thus they can become useful references when applied into other contexts or environments. However, if there are significant differences between the two populations, it means there are some certain moderating factors, for example, geographical distances, climate, lifestyle or even educational level, that cause such differences to happen, and in that case, not only do we need to find out those factors, we also have to restrict the scale of our findings, together with its applicability. Consequently, we have conducted a significance test for the location factor, and the descriptive result will be explained in the hypothesis testing section.

After completing the questionnaire, all participants were also asked if they had seen the advertisement in their question package before. 100% participants confirmed with our researchers that they had never seen those advertisements, proving the total originality of our stimulus. At the end, any patient who participated in the experiment was granted 10% bill reduction as a discount, plus a small present for them and their children as a token of gratitude. During the process of answering the questionnaire, the patients stayed in the waiting lobby, which was completely free from noises or disturbances. We also

had an assistant monitor, who supported the respondents only in case they had any question regarding the wording of the survey. Our monitor also ensured that all participants filled in the questionnaire individually, without discussing or requesting helps from other participants. The great extent of objectivity of our experiment was a solid ground for us to guarantee the reliability of our findings, as we proceed to the hypothesis testing phase.

### *Manipulation Check*

We included a question for the purpose of manipulation check in our survey. The question asked the respondents about the persuasive message of the advertisement, whether they thought it was a neutral message, a positive message, or a negative message. There is also an option for those who did not find any message out of the advertisement. Our purpose was to verify if the stimulus worked exactly as we expected, or were respondents still unsure about what type of message being conveyed. It was also to check if we succeeded in designing our stimulus so that each advertisement communicated only one type of appeal. There were only 10 respondents who answered that they found no message being conveyed from the advertisement, while the rest 401 respondents understood the appeals used in the poster precisely as we intended. However, as we approached these 10 respondents and confirmed with them again, they admitted that there was some elements they could not understand in the advertisement, and after receiving our brief explanation about the content of the poster, they could answer the manipulation check question as we predicted. Since we thoroughly understand that our respondents might not be familiar with formal research experiments like this, it appears undeniable that explanations are necessary and inevitable, as long as we did not affect their information processing in any way.



Therefore, we decided to keep the answers of these 10 respondents, along with the rest 401, for the complete data analysis.

*Research Dependent Variables*

The main research has two independent variables: Attitude towards the advertised products/services (Att) and Purchase intention (PI). The Attitude towards the advertised products/services was measured by a Construct of four 5-point, Likert-scale questions as follows:

Question Title	Question content	Cronbach's $\alpha$
Att.1	I find this advertisement convincing.	0.6026
Att.2	I find this advertisement relevant to my situation.	0.7224
Att.3	I feel pleasant looking at the advertisement.	0.7292
Att.4	The advertisement left a strong impression for me.	0.5984
All (Att)		0.7265

These questions were all based on Biel and Bridgewater's scale (1990). They tested not only the persuasiveness of the advertisement, but also the attractiveness of the stimulus, which can transform into desired thoughts and behavior. As shown in the table above, the Cronbach's alpha for the Construct is 0.7265, signaling a good internal consistency among the four items. Consequently, the mean value of the construct has been calculated as the measurement of Attitude towards the advertised products/services of the respondents.

The value of Purchase intention, however, was only measured by one 5-point, Likert-scale question as follows:

Question Title	Question content
PI	I want to try/use the service of the advertised clinic.

### *Research Independent Variables*

Our research has only one main independent variable which is the appeal type: rational appeal, positively emotional appeal, and negatively emotional appeal, which resulted in three different types of advertisement. The appeal was a combination of three elements: the persuasive message, the elaborating message, and the supporting image, and these combinations were the only part that was allowed to vary among the posters. All other components of the advertisements: the format, structure, font, color, and additional information, were kept strictly the same.

### *Moderating Factors*

There are three moderating factors in our main research: Emotional valence (E), Quality expectation (QE), and Location (L). Originally, we only had Emotional valence and Quality expectation as our main moderating factors. However, after considering the potential influences of location, we decided to expand our analysis and add Location as the third moderating factor. First of all, for the Emotional valence, we used only one 5-point, Likert-scale question as follows:

Question Title	Question content
E	Please choose the answer that best describes your emotional state before you came to this clinic.

This question was based on Peterson and Sauber's Mood Short Form Scale (1983). The options provided for this question are: 1 – Very nervous; 2 – Nervous; 3 – Normal; 4 – Relaxed; 5 – Very relaxed. Those who answered that they were nervous or very nervous were considered emotionally depleted according to our theoretical background, while those who felt normal or even relaxed would obviously find no

need for emotional replenishment. We also added an optional open-ended question that asked “Is there any specific reason for you to feel that way?”, and participants could write freely if they wanted to share with us. We collected a few entries with answers to this question, and will provide them for further insights in the discussion section. The answers to this question did not have any effect on the result of the main analysis.

The second moderating factor is Quality expectation, which was measured by a construct of two questions based on the SERVQUAL model, introduced in the Handbook of Marketing Scale (Bearden et. al, 2011). They are also 5-point, Likert-scale questions:

Question Title	Question content
QE.1	I am confident that I will receive reliable services from private clinics.
QE.2	Private clinics are up-to-date equipped.

The Cronbach’s alpha recorded for this construct was 0.6600, which unfortunately fell into the area of Questionable consistency. It might be due to the fact that there were only two questions provided for this construct, which was seemingly not sufficient to obtain a better internal consistency. This is a point of limitation for the current research, and although the mean value can still be used to measure the quality expectation, future researches are strongly recommended to expand this construct to at least 3 or 4 items in order to improve the reliability.

The third, which is also the additional moderating factor was the Location. There were no questions being used, but our researchers have marked carefully each entry whether it belongs to the first clinic or the second clinic, and the Location (L) variable will only receive one out of two values: 0 – Location 1, and 1 – Location 2.

## **VI. Hypothesis Testing**

In order to test the first hypothesis: “*There is no effect of emotional appeal on customers’ attitude towards the service of obstetric clinic if customers are not experiencing emotional exhaustion*”, our research employs the One-way Analysis of Variance (ANOVA). This statistical analysis allows us to verify if there is any significant difference in the attitude towards the advertised products/services among the three stimuli: rational appeal, positively emotional appeal, and negatively emotional appeal. Our results shown that the mean values of Attitude variable in accordance with these appeal are 3.4258, 3.8125, and 3.6704 respectively at  $p = 0.000$ . The value of  $p$  was smaller than 0.05 which signals a significant difference among these values, and it appears obvious that customers’ attitude towards the emotional appeals in general was much higher than that towards the rational appeal. We also ran the One-way ANOVA for our second dependent variable, Purchase Intention, and the results for each appeal above are 3.35, 3.72, and 3.74, respectively. The  $p$  value for Purchase Intention test was also 0.000 which means the difference between rational appeals and emotional appeals are obviously significant also.

Attempting to further analyze this result, we decided to run the One-way ANOVA specifically for respondents who answered 3 – Normal, 4 – Relaxed, and 5- Very relaxed to the question “please choose the answer that best describes your emotional state before you came to this clinic”, as these answers stated that they felt completely normal or even relaxed and thus apparently find little reason for social encouragement or to replenish emotional resources. Once again, the results also pointed out that customers’ attitude in response to the two emotional appeals were significantly higher than that to the rational appeal. For Attitude variable, the mean values of Attitude for rational appeal, positively emotional appeal, and negatively emotional appeal, are 3.5160, 3.82227, and 3.6452 ( $p = 0.004$ ). As for Purchase Intention variable, the mean values of Purchase Intention for rational appeal, positively emotional appeal, and negatively emotional appeal, are 3.38, 3.75, and 3.82 ( $p = 0.001$ ). Therefore, we can conclude that hypothesis 1 is not supported.

As for hypothesis 2: *“Emotional valence moderates the effect of emotional appeal, so that emotional appeal is significantly more effective in influencing customers’ attitude towards the service of obstetric clinic if they are experiencing negative emotional valence.”* We employed a Two-way ANOVA with emotional valence (E) as the moderating factor. The two-way ANOVA test allows us to see if the emotional valence has any moderating effect on the interaction between advertising appeal and customers’ attitude towards the advertised products/services. All respondents whose answer to the question “please choose the answer that best describes your emotional state before you came to this clinic” as 1 – Very nervous and 2 – Nervous will be categorized as “**Negative valence**” group while the respondents with answers from 3 to 5 will be placed in “**Positive valence**” group. We use a variable to

designate these two groups, namely Split Emotional Valence (Split.E), with its value of 0 represents the negative valence group, and its value of 1 represents the positive valence group – *See Graph 1,2*. Our expectation is that for the “negative valence” group, emotional appeal will have a significantly more effective influence on customers’ Attitude towards the advertised products/services than rational appeal. However, for “positive valence” group, the emotional appeal will not work significantly more effectively than rational appeal.

The result of the Two-way ANOVA, nevertheless, shown no significant difference. As for the positive versus. negative group comparison, the mean values of Attitude variable for rational appeal, positively emotional appeal, and negatively emotional appeal are 3.2500 versus. 3.5160, 3.7964 versus. 3.8227, and 3.7010 versus. 3.6452, respectively, at  $p = 0.108$ . Not only is the  $p$  value larger than 0.05, it appears obvious that customers’ Attitude towards the advertised products/services are always higher when it comes to either type of emotional appeal, compared to rational appeal. This finding is also similar to the result of Two-way ANOVA test for the Purchase intention variable, with  $p = 0.852$ . Hence, hypothesis 2 is not supported.

For the third hypothesis: “*Quality expectation moderates the effects of emotional appeals, so that high quality expectation increases the effectiveness of emotional appeals.*”, we also run a Two-way ANOVA test with Quality expectation (QE) as the moderating factor. There are also two main categories of respondents: “**Low quality expectation**” group and “**High quality expectation**” group, designated as Split Quality Expectation (Split.QE), with its value of 0 represents the low quality expectation group,

and its value of 1 represents the high quality expectation group – See Graph 3,4. On average, quality expectation answers which were less than 4 were considered as low and the rest was considered as high (see section V, *Experiment Design* for the quality expectation construct). For this hypothesis, we expect that those who have higher quality expectation will have a generally more favorable attitude towards the advertised products/services when they are exposed to rational appeal than emotional appeal, and vice versa.

Our results have shown a significant difference. At  $p = 0.038$ , which is smaller than 0.05, the mean values of Attitude variable recorded for rational appeal, positively emotional appeal, and negatively emotional appeal, between low quality expectation group versus. high quality expectation group are 3.1850 versus. 3.6029, 3.5444 versus 3.9534, and 3.6193 versus. 3.7029. As can be seen, there are certain, significant interactions between quality expectation factor and the effect of the appeal. Thus, we can conclude that hypothesis 3 is supported. However, this pattern was not spotted when it comes to Purchase intention variable, as the p value was recorded at 0.118. There might be underlying reasons for this difference, which will be discussed further in the next section.

We summarize all of the results of our statistical analysis in the following table:

One-way ANOVA (E >=3)					
	Appeal			ANOVA	
	Rational	Positively Emotional	Negatively Emotional	F	p
Attitude (Att)	3.5160	3.82227	3.6452	5.771	0.004
Purchase Intention (PI)	3.38	3.75	3.82	7.666	0.001
One-way ANOVA (Complete Population)					
	Appeal			ANOVA	
	Rational	Positively Emotional	Negatively Emotional	F	p
Attitude (Att)	3.4258	3.8125	3.6704	15.397	0.000
Purchase Intention (PI)	3.35	3.72	3.74	11.135	0.000

Table 1: Hypothesis 1 Tesing – One-way ANOVA result

Two-way ANOVA (Emotional Valence)								
	Rational Appeal		Positively Emotional Appeal		Negatively Emotional Appeal		Two-way ANOVA	
	Emotional Valence		Emotional Valence		Emotional Valence		F	p
	Low	High	Low	High	Low	High		
Attitude (Att)	3.2500	3.5160	3.7964	3.8227	3.7010	3.6452	2.239	0.108
Purchase Intention (PI)	3.27	3.38	3.67	3.75	3.65	3.82	0.160	0.852

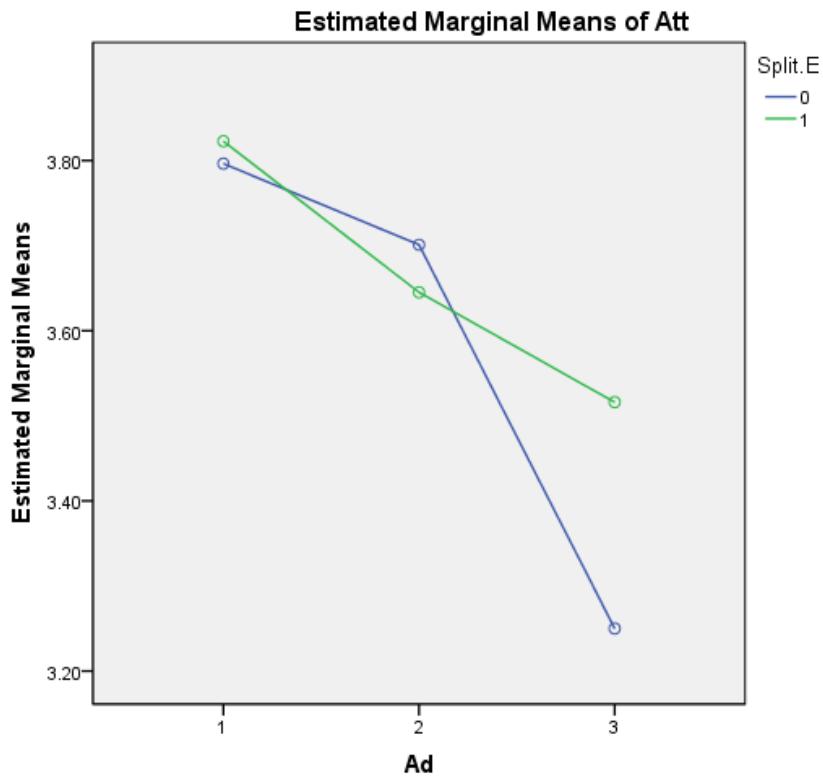
Table 2: Hypothesis 2 Testing – Two-way ANOVA result

Two-way ANOVA (Quality Expectation)								
	Rational Appeal		Positively Emotional Appeal		Negatively Emotional Appeal		Two-way ANOVA	
	Quality Expectation		Quality Expectation		Quality Expectation		F	p
	Low	High	Low	High	Low	High		
Attitude (Att)	3.1850	3.6029	3.5444	3.9534	3.6193	3.7029	3.290	0.038
Purchase Intention (PI)	3.00	3.60	3.42	3.87	3.61	3.83	2.152	0.118

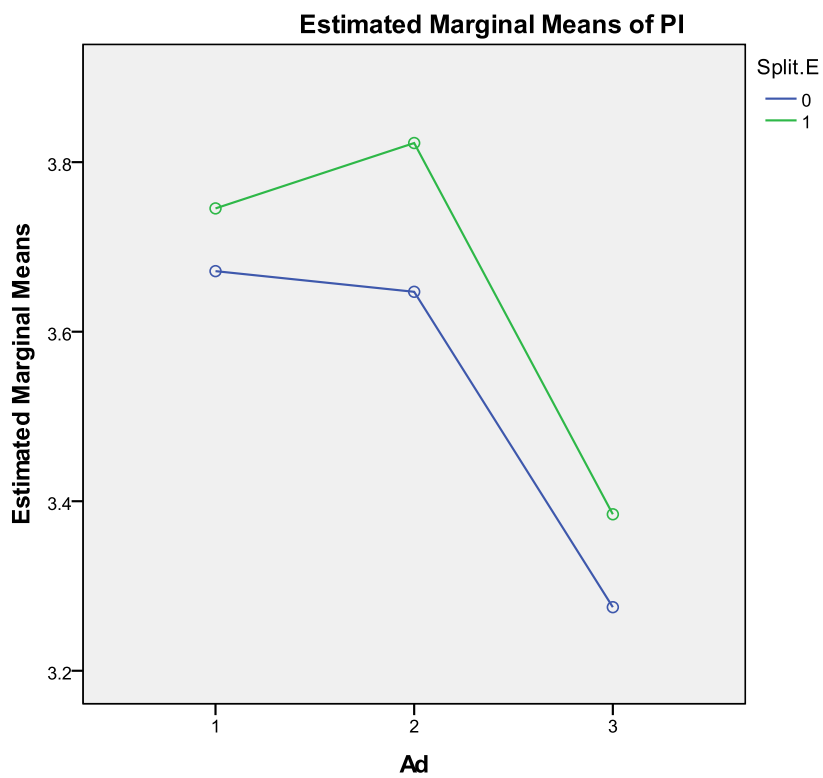
Table 3: Hypothesis 3 Testing – Two-way ANOVA result



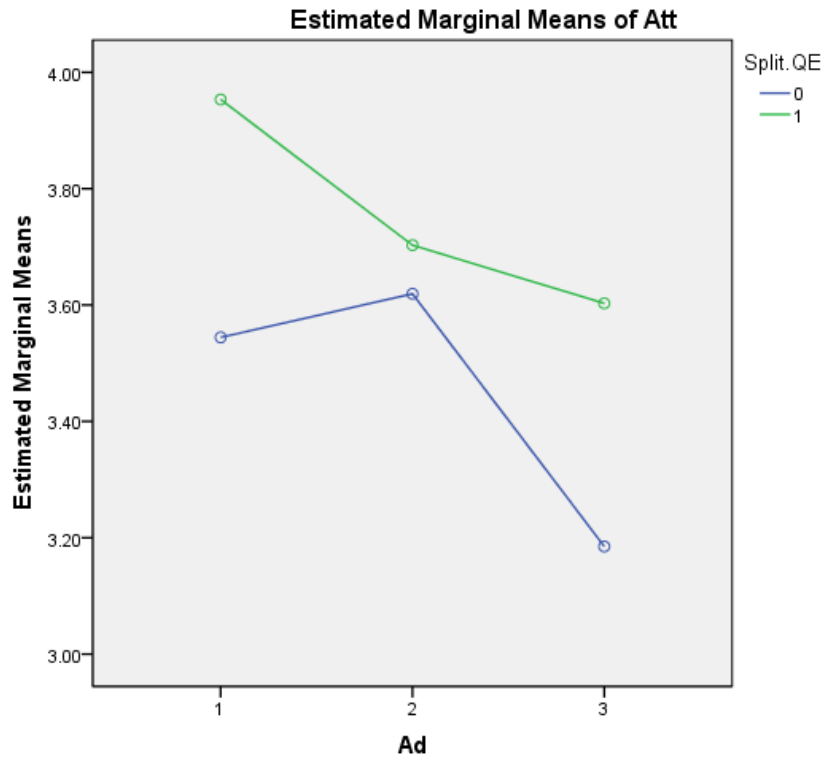
We also provide the graphical representation of the results of both hypothesis 2 and hypothesis 3, for Attitude and Purchase intention variable as follows. Noted that in all graphs below (Graph 1-4), Ad = “1” represents the value of attitude towards the positively emotional advertisement; Ad = “2” represents the value of attitude towards the negatively emotional advertisement; and Ad = “3” represents the value of attitude towards the rational advertisement.



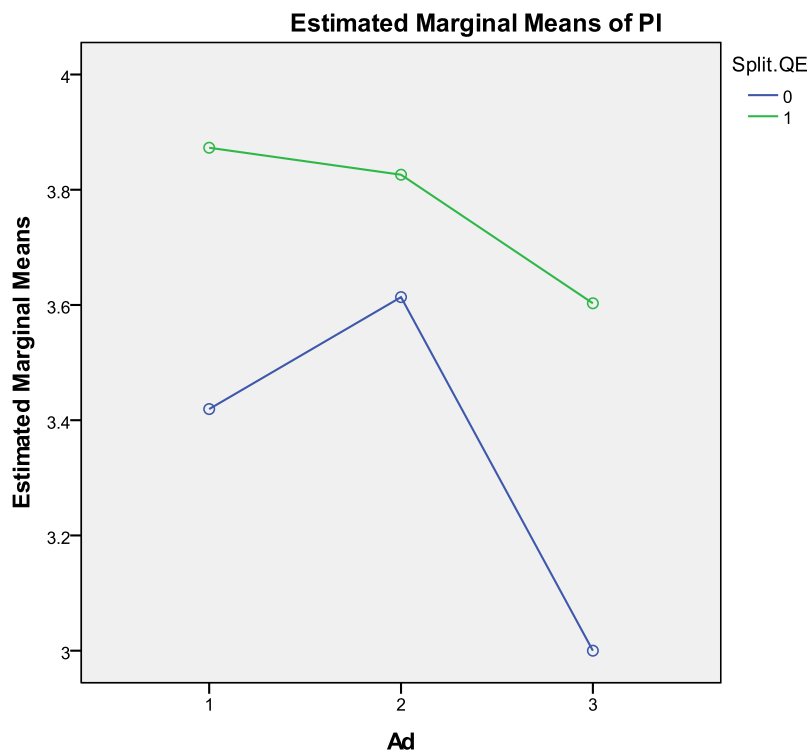
Graph 1: Hypothesis 2 testing – Graphical representation – Attitude



Graph 2: Hypothesis 2 testing – Graphical representation – Purchase Intention

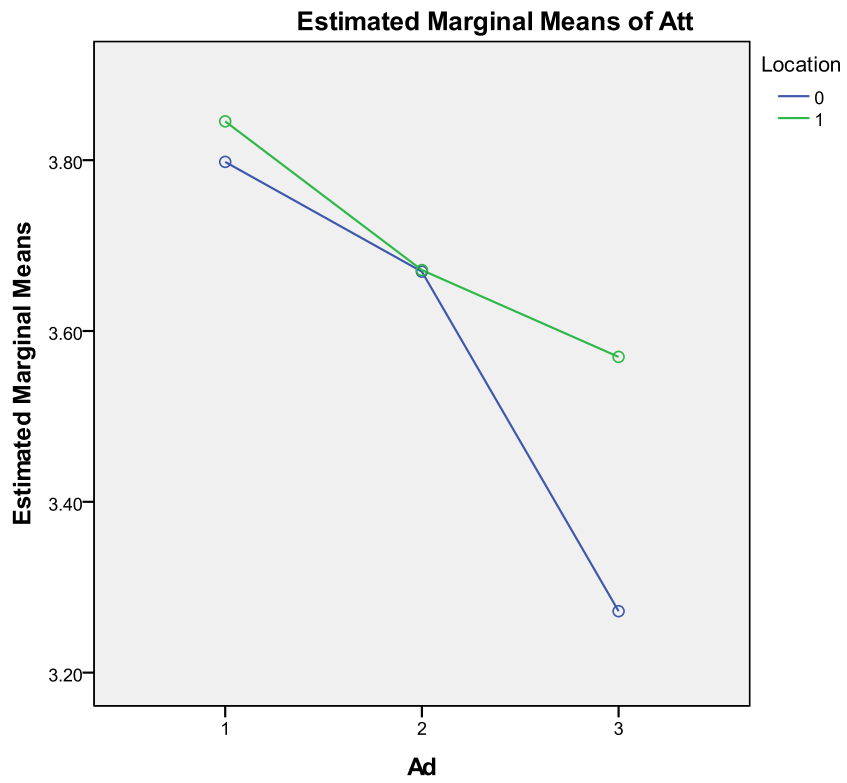


Graph 3: Hypothesis 3 testing – Graphical representation – Attitude

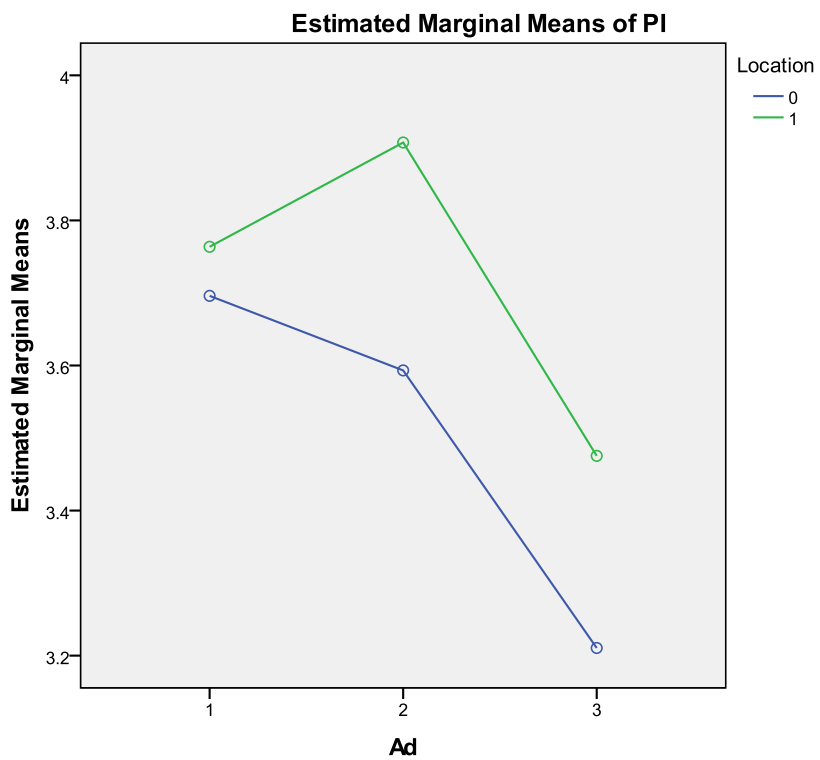


Graph 4: Hypothesis 3 testing – Graphical representation – Purchase intention

Finally, for the location factor, we ran another Two-way ANOVA test using Location (L) as a moderating factor. Our results proved that location had no significant moderating effect and there were no significant difference in customers' Attitude towards the advertised products/services and their Purchase intention between the two clinic, with  $p = 0.110$  for Attitude and  $p = 0.341$  for Purchase intention. The mean values of Attitude variable recorded for rational appeal, positively emotional appeal, and negatively emotional appeal, between first clinic versus. the second clinic are 3.272 versus. 3.570, 3.798 versus. 3.745, and 3.669 versus. 3.671, respectively. As for Purchase intention variable, the mean values recorded for rational appeal, positively emotional appeal, and negatively emotional appeal, between first clinic versus. the second clinic are 3.211 versus. 3.475, 3.696 versus. 3.764, and 3.593 versus. 3.907, respectively. The results are graphically illustrated in Graph 5 and Graph 6 below. Note that the first clinic is coded as "0" and the second clinic is coded as "1" for the value of L. Also, Ad = "1" represents the value of attitude towards the positively emotional advertisement; Ad = "2" represents the value of attitude towards the negatively emotional advertisement; and Ad = "3" represents the value of attitude towards the rational advertisement.



Graph 5: Location test – Graphical representation – Attitude



Graph 6: Location test – Graphical representation – Purchase intention

## VII. Discussion

Needless to say, emotions have been one of the most powerful and common tools in designing marketing strategies. Unlike the rational messages which seek to influence the evaluative cognitions of the customers towards the advertised products/services, emotional messages focus on gathering and enhancing customers' attention, mediating their reactions to the messages, as well as developing content-based affective responses which contribute to the overall attitude changes and information processing mechanism. Moreover, these responses, as argued by Rosselli et al. (1995), have the potential to *"provide an additional, and possibly independent, route to persuasion"*, yet due to the content-based processing of rational stimuli, the effects of the affective responses resulted from exposures to emotional appeals often become overlooked, and in certain situations, researchers can even argue that such responses could be the consequence of a combination of both cognitive and affective elaborations from a single source of marketing stimulus. It appears obvious that previous researches, though recognizing the various benefits that emotional marketing could offer, have shown no significant attempt to conduct an empirical comparative study between rational appeals and emotional appeals in an industry where rational appeals have long been a primary signal of brand positioning, such as private hospital industry. Realizing the serious lack of knowledge in this aspect, our present research aims to address this issue and challenge the traditional line of reasoning, with the hope of uncovering the full potentials of emotional marketing style. If successful, not only will marketing managers around the world have more options in designing their advertising campaign, but the consumers, and in this case the patients will be connected with the healthcare providers in a brand new way, the way from which their spiritual life will be greatly enriched and their pressures and depresses will be hopefully cured. We also expect that

emotional marketing can become more popular for healthcare marketers, in order to build up the long-term loyalty and mutual trust via communicating the value of life and the value of care to the patients, instead of an image of pure service transactions and provider-client relationship.

Our main hypotheses are based on the Conservation of Resource (COR) Theory and the Elaboration Likelihood Model (ELM). The COR theory argues that customers who are experiencing emotional exhaustion seek to replenish their depleted resources when coming to the service providers. The theory hence suggests that the use of social support, in the form of encouragement, empathy and social recognition, can be effective in curing the emotional depletion, empowering the customers to achieve the service purpose, and improving their brand attitude and persuasive information processing. Customers often come to services with pre-charged emotions, and these emotional valences are predicted to have a significant influence on customers' attitude towards the advertisement and their decision-making process as they are exposed to the advertising appeals, varying upon whether they are rational appeals or emotional appeals. As for the ELM theory, it revolves around the processing of information via a central route or a peripheral route. The route through which information is received and interpreted has an enormous effect on customers' understanding of the advertising components and consequently the effectiveness and appropriateness of the stimuli. The ELM was employed in hypothesis 3 in order to examine the moderating effect of quality expectation factor, as the theory suggests that when the information travels through a peripheral route, which is applicable in the case of hospital marketing, the level of quality expectation can moderate the effectiveness of the advertising appeal depending on whether it is rational or emotional.

Although the results of the ANOVA tests did not support hypothesis 1 and 2, and only supported hypothesis 3 except the case of purchase intention, there are various interesting findings which can be drawn upon. First of all, our original goal was to challenge the conventional approach of rational marketing in private hospital industry, which has long been supported by previous researches. However, from our current findings, the emotional appeals have demonstrated a dominance in effectiveness compared to rational appeals, which allowed us to reasonably reconsider whether emotional marketing had been indeed overlooked. Our speculation is based on the 2007 research of Agrawal et al., which discussed about the two stakes when contracting all illness: for self and for family. Agrawal et al. (2007) argued that self-referent health appeals more effective than family-referent appeals when they target customers with positive emotions; and it worked conversely under the peaceful emotional states or negative emotional states. As for the case of obstetric clinical services, 344 out of 411 participants came to the clinic under normal or negative emotional states, the figure of which was equal to 84% of the total sample population. Only 16% of the patients felt relaxed and thus only accounted for a minority of our targets. Because the nature of obstetric science is closely associated with family factor, as far as the health of the wife and the future children are concerned, it is reasonable to assume the view that advertisements using emotional appeals which are related to family-referent factors would have a strong effect on the women, and these types of advertisements were an indispensable and natural element of marketing strategies for obstetric healthcare services. According to the qualitative study conducted on our participants via the open-ended question in our survey, asking participants to describe any reason they might have for their emotional state before coming to the clinic, we have received three typical reasons from the patients: 1) they were worried about their children's health, 2) they were worried if



they had contracted any serious diseases that might affect their health and their abilities to give birth, and 3) they wanted to have children but were unable to do so. Obviously, all of these three main reasons involved not only the women, but also their children, which allowed us to interpret that the communication of family-referent appeals might have played a significant role in helping the patients identify with the persuasive messages. The eventual results showing the dominance of emotional appeals were, therefore, not too surprising. However, this also leads us to the question: “Is this pattern the same for every other areas of specialization in private hospital industry?” Apparently, there are numerous majors within the hospital industry, and it appears obvious that different tactics must be used for different types of hospitals. For instance, a person who comes to an obstetric clinic might be worried not only about himself/herself but also about his/her family and children; yet a person who comes to a dental clinic might not hold the same worries, such as for his/her family, but would rather worry about the quality of the dental services should he/she attain the desired results for his/her teeth. In short, the findings of our current research, while indeed proving there are certain potentials of emotional marketing in private hospital industry, opened various new opportunities for additional researches to expand to other segments of the industry as well. Hopefully, the current and future findings can offer more sophisticated communicating strategies for global marketing managers, as well as a strong background for new studies focusing on the respective topic.

As for our findings in the third hypothesis, which was strongly supported by the ELM theory, the difference in the significance test between Attitude variable and Purchase intention variable certainly need further discussion. We could safely assume the view, however, that the ELM did work as we

predicted, and the quality expectation variable played a significantly moderating role in the relationship between customers' attitude towards the advertised products/services and the effectiveness of the advertising appeals. However, the purchase decision is a much more complicated process because this is the point customers have to decide to exchange one thing for another (i.e. their money for the healthcare services) and thus they had to be more prudent and consider many other factors as well, such as price. This is different from the process of attitude change, because it happens without exchanging anything, or in other words, customers do not lose anything in this process. Therefore, while their attitude might be favorable to the appeals they are exposed to, their purchase intention might be governed by other external factors or rational factors which hinder them from making the purchase decision. Future researches are strongly recommended to explore those underlying factors as well.

### **VIII. Limitations and Future Researches**

In light of our research findings, we have found a number of issues which can become the potential targets for future researches.

First and foremost, we assume the view that our respondent population might not fully represent the nature of a broader community. Within the scope of our research capability, we controlled the nationality of all participants to be Vietnamese only, and all of them share a generally similar background including educational level, living standard, and lifestyle. Although this restriction might help increase the reliability of the results, it indeed failed to challenge the concept of the real life environment where businesses are exposed to various unique individuals from totally different

background. Additionally, it appears obvious that a certain set of population might be totally different from others, which will consequently lead to different analysis results, and therefore the generalizability of our results, though proved to work at a local, or regional level, might not be applicable in a broader, more general extent, such as national level. We believe that by challenging the studies at such great levels, future researches can bring about various new insights into the characteristics of human's information processing ability. It is also interesting to know whether external factors such as cultural distinction and living environment could significantly alter the way all of us communicate and comprehend a certain persuasive message, or if they only work situationally, and the possibility that we can control these underlying factors in order to yield the desirable results. Either doing it by performing large-scale experiments (macro level), or by breaking down our population into specific target segments and comparing the difference between them (micro level), we can expect that these findings will certainly contribute to our current wealth of knowledge.

Secondly, the research experiment was conducted in a controlled environment. Although we chose a real life situation whether the business of the clinic operates, and the participants who visit the clinic are real customers that are in need of obstetric treatment, which make our results strongly relevant, it appears undoubted that it is still far from a completely natural situation. The patients were obviously conscious that they were participating in an experimental survey, and thus their answers might not completely reflect their true thoughts. Moreover, even though our monitors caused absolutely no disturbance or manipulation to the process of answering the questionnaire of the participants, the presence of the monitors could be a potential influence on the reliability of the respondents' answers. It was unavoidable

since our monitors had to stay in order to guarantee that the participants strictly followed our instructions, and help clarify the question content in case the participants requested explanations. However, in reality such assistances might not be provided, and customers' exposures to the advertisement stimuli will certainly be more random and more difficult to measure, such as the amount of time they spend to view the advertisement, or whether they fully understand the persuasive message or other components presented in the advertisement. Various elements which belong to the immediate environment where customers view the advertisement, for instance, the mean through which the advertisement is shown (magazine, store shelf, billboard, banner...etc) could also cause significant differences in advertising effectiveness level. Therefore, future researches are strongly recommended to conduct their experiments in a completely natural situation, without researcher controls, so that their results can become as practical as possible.

Thirdly, it appears undeniable that our quality expectation construct, though grounded on an empirical literature (the SERVQUAL model - Bearden et. al, 2011), needs to be revised. Our Cronbach's alpha test had marked this construct as questionable, and thus its reliability is still open to concerns. The quality expectation construct played a key role in our third hypothesis testing, and therefore, it is important that we generate a robust result by improving the alpha value. Due to the time limitation of our research, however, we were unable to replace our construct anew. Future researches are highly encouraged to design better constructs, for example, by employing more items within the construct, in order to obtain a stronger internal consistency.

Fourthly, after reviewing carefully our advertisement stimuli, we realized that there was a single detail in the positively emotional advertisement which could in fact affect the effectiveness of the advertisement. The positively emotional advertisement was expected to communicate a positive message in the form of social encouragement, portraying a doctor attending to her patient, who was a pregnant woman, in a gentle and welcoming manner. The main message **“We truly understand those who wish to become a mother”** also serves this purpose, and the additional messages helped elaborate this statement as well. However, although we aimed at delivering a purely positively emotional message, there was a component of rational message included in the advertisement, which was a computer with the image of the baby inside the womb displaying. The computer was supposed to be an additional, or background detail only, and was not eye-catching or standing out, yet we could not ignore the possibility that the respondents will consider the presence of the computer as a signal of quality, which belongs to the rational appeal. We have guaranteed by the survey answers that 100% respondents who were exposed to the positively emotional advertisement understood that the advertisement communicated a positively emotional message to them; however, the best solution is to completely exclude any component that might cause alteration to the interpretation of the stimuli.

Last but not least, due to the limited scope of our research, we could only conduct the comparative study specifically for the private obstetric clinic sector. In fact, the entire private hospital industry is vast, and divided into various segments, mainly depending on their areas of specialization. Therefore, similar researches can be done for the rest of the industry as well, and large-scale researches can even conduct cross-sector analyses. However, as marketing activities are heavily contextual-based and constantly

changing, it is highly advisable that future researches explore the unique characteristics of each segment in-depth. Furthermore, as we discussed above, the obstetric clinics might be too closely associated with emotions and hence the emotional advertisements can generate dominance over the rational advertisements. Yet, whether or not this situation happens in all other segments of the industry is still open to question, and it is the responsibility as well as the potential for future studies to continue researching and expanding our wealth of knowledge, which will ultimately lead to the overall development of both the respective industry and the national economy.

## **IX. Conclusion**

In conclusion, this research demonstrates our efforts in bridging the gap in the current literature regarding the advertising strategies in general and the emotional appeals in particular. Although out of three hypotheses, we could only prove the moderating effect of quality expectation in the relationship between customers' attitude towards the advertised products/services and the effectiveness of advertising appeals, our findings have provided various meaningful insights through which researchers and marketers can ground their studies upon to continue uncovering the potentials of emotional appeals in various types of industries where traditional marketing approaches have seemingly overlooked. Despite the lack of previous researches, we have successfully conducted an empirical comparative study using real life experiment, and our findings, though not generalizable onto the industry level, offered practical knowledge which can totally be applied into actual business transactions.

Furthermore, while opening up a variety of possibilities for future researches, we have several recommendations for any individual who hold a deep interest in both private hospital marketing and emotional advertising as much as we do, in order to enrich our wealth of knowledge. Firstly, we strongly advise further studies to specialize their analysis within one particular segment of the industry, like the obstetric clinic segment in the current research, for more consistent results. Secondly, it is also recommended to challenge the analysis in segments where the needs for factual information and quality assurance are even more prevalent, so we could see if the dominance of emotional appeals found in our current research is still intact. Finally, guaranteeing a completely disturbance-free environment and a survey with high internal consistency allows the analysis to obtain more reliable results.

Undoubtedly, the environment of global marketing has been constantly changing and evolving, which requires us researchers and business practitioners to never stop staying ahead of the new trends, as well as diversifying ourselves and standing out from the crowd. Under such dynamic context, we are confident that our study will set the cornerstone for the future researches in the respective field of study, and are more than welcome to all marketing managers around the world if our findings can become useful references for them to bring emotional marketing to a more sophisticated level, as well as to contribute to the overall advancement of the global private hospital industry.

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## APPENDIX

### 1. Rational Advertisement Poster



## THƯƠNG HIỆU HÀNG ĐẦU VỀ SỰ AN TÂM VÀ CHẤT LƯỢNG

Trong hơn một thập kỷ qua, bệnh viện quốc tế Hạnh Phúc đã vui mừng chào đón sự ra đời của hàng ngàn em bé sơ sinh khỏe mạnh. Chúng tôi tự hào là một trong những đơn vị dẫn đầu tại Việt Nam về chất lượng trong toàn bộ các công tác tư vấn, chăm sóc và điều trị, và luôn cam kết mang đến những dịch vụ tốt nhất cho gia đình tương lai của bạn.

- **50,000** bệnh nhân là số ca trung bình được bệnh viện quốc tế Hạnh Phúc phục vụ hằng năm.
- **1000** em bé sơ sinh được sinh ra khỏe mạnh tại bệnh viện Hạnh Phúc mỗi năm
- **5** lĩnh vực chuyên môn chất lượng cao nhất được bệnh viện quốc tế Hạnh Phúc chú trọng: Hỗ trợ sinh sản, Chăm sóc ung bướu phụ nữ, Phẫu thuật thẩm mỹ JK - Hàn Quốc, Chăm sóc sức khỏe sản-phụ khoa, Chăm sóc sức khỏe nhi khoa
- **5** sao là chất lượng dịch vụ tại bệnh viện quốc tế Hạnh Phúc do Bộ Y Tế chính thức kiểm định và đánh giá từ năm 2011.



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## 2. Positively Emotional Advertisement Poster



# THẤU HIỂU NỖ LÒNG NGƯỜI LÀM MẸ

Được làm mẹ là một trong những mong ước tự nhiên và đáng trân trọng của mọi phụ nữ trên thế giới. Tại bệnh viện quốc tế Hạnh Phúc, đội ngũ y bác sĩ và chuyên gia hàng đầu của chúng tôi cam kết luôn dành trọng sự yêu thương và tận tụy trong mọi công tác tư vấn, điều trị và chăm sóc, để cùng đón những thiên thần nhỏ về với gia đình bạn.



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### 3. Negatively Emotional Advertisement Poster



**BỆNH VIỆN HẠNH PHÚC**

**HÃY CỨU LẤY CON BẠN TRƯỚC KHI QUÁ MUỘN!**

Thống kê thế giới đến năm 2014 cho biết tỉ lệ tử vong ở trẻ sơ sinh tại Việt Nam cao hơn gấp 5 lần so với các nước phát triển và chưa có dấu hiệu giảm. Một trong những nguyên nhân chính của tình trạng này là việc không phát hiện sớm và điều trị kịp thời các căn bệnh phụ khoa nguy hiểm, có khả năng gây những biến chứng nghiêm trọng, thậm chí đe dọa tính mạng của thai nhi. Vì vậy, các công tác tư vấn, chuẩn đoán sớm và chăm sóc thai định kỳ luôn là một trong những ưu tiên lớn nhất tại bệnh viện quốc tế Hạnh Phúc. Hãy để các chuyên gia hàng đầu của chúng tôi mang đến sự chuẩn bị tốt nhất cho những đứa con thân yêu của bạn!

**Bệnh viện Quốc tế HẠNH PHÚC**  
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#### 4. Survey Questions – English Version

I. Please choose the answer that best describes your opinion (1 = Strongly Disagree, 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree)

1. I find this advertisement convincing.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2. I find this advertisement relevant to my situation.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

3. I feel pleasant looking at the advertisement.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

4. The advertisement left a strong impression for me.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

5. I want to try/use the service of the advertised clinic.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

II. Please choose the answer that most corresponds to your opinion (1 = Strongly Disagree, 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree).

6. I am confident that I will receive reliable services from private clinics.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

7. Private clinics are up-to-date equipped.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

III. The poster \_\_\_\_\_

- A. communicates an emotionally positive message to me
- B. communicates a neutral message to me
- C. communicates an emotionally negative message to me
- D. does not communicate any message to me

IV. How many children do you have?

- A. 1
- B. 2
- C. More than 2
- D. I don't have any child

V. Have you undergone obstetric treatment before?

A. Yes, I have undergone treatment in other clinics before

B. Yes, I have undergone treatment in this clinic before

B. No, I haven't undergone any treatment before

VI. This is the last question, please choose the answer that best describes your emotional state before you came to this clinic:

1	2	3	4	5
Very Nervous	Nervous	Neutral	Relaxed	Very Relaxed

Is there any specific reason for you to feel that way? You may write freely in the space given below:

## 5. Survey Questions – Vietnamese Version

I. Hãy chọn câu trả lời đúng nhất với ý kiến của anh/chị (1 = Rất không đồng ý, 2 = Không đồng ý; 3 = Trung lập; 4 = Đồng ý; 5 = Rất đồng ý)

1. Tôi thấy quảng cáo này có sự thuyết phục

1	2	3	4	5
Rất không đồng ý	Không đồng ý	Trung lập	Đồng ý	Rất đồng ý

2. Tôi thấy quảng cáo này có liên quan đến trường hợp của tôi

1	2	3	4	5
Rất không đồng ý	Không đồng ý	Trung lập	Đồng ý	Rất đồng ý

3. Tôi cảm thấy thoải mái khi xem quảng cáo này

1	2	3	4	5
Rất không đồng ý	Không đồng ý	Trung lập	Đồng ý	Rất đồng ý

4. Quảng cáo này đã gây ấn tượng mạnh với tôi

1	2	3	4	5
Rất không đồng ý	Không đồng ý	Trung lập	Đồng ý	Rất đồng ý

5. Tôi muốn thử/ sử dụng dịch vụ của bệnh viện trong quảng cáo

1	2	3	4	5
Rất không đồng ý	Không đồng ý	Trung lập	Đồng ý	Rất đồng ý

II. Hãy chọn câu trả lời đúng nhất với ý kiến của anh/chị (1 = Rất không đồng ý, 2 = Không đồng ý; 3 = Trung lập; 4 = Đồng ý; 5 = Rất đồng ý)

6. Tôi tin là tôi sẽ nhận được những dịch vụ đáng tin cậy từ các bệnh viện tư

1	2	3	4	5
Rất không đồng ý	Không đồng ý	Trung lập	Đồng ý	Rất đồng ý

7. Các bệnh viện tư thường có những trang thiết bị mới nhất và hiện đại nhất

1	2	3	4	5
Rất không đồng ý	Không đồng ý	Trung lập	Đồng ý	Rất đồng ý

III. Quảng cáo này \_\_\_\_\_

- A. Chứa đựng một thông điệp với cảm xúc tích cực
- B. Chứa đựng một thông điệp đơn thuần
- C. Chứa đựng một thông điệp với cảm xúc tiêu cực
- D. Không chứa đựng thông điệp gì

IV. Anh/chị đã có con chưa?

- A. 1
- B. 2
- C. Nhiều hơn 2
- D. Tôi chưa có con



V. Anh/chị đã từng sử dụng dịch vụ khám phụ khoa chưa?

- A. Rồi, tôi đã từng khám phụ khoa ở nhiều bệnh viện khác
- B. Rồi, tôi đã từng khám phụ khoa ở đây
- C. Rồi, tôi đã từng khám phụ khoa ở đây và nhiều bệnh viện khác
- D. Chưa, tôi chưa từng khám phụ khoa bao giờ

VI. Đây là câu hỏi cuối cùng, anh/chị vui lòng chọn đáp án đúng nhất với tâm trạng của anh/chị trước khi tới đây:

- |             |         |             |           |               |
|-------------|---------|-------------|-----------|---------------|
| 1           | 2       | 3           | 4         | 5             |
| Rất lo lắng | Lo lắng | Bình thường | Thoải mái | Rất thoải mái |

Nếu anh/chị có lí do riêng cho điều đó, xin vui lòng chia sẻ trong phần ô trống phía dưới. Đây là phần không bắt buộc.