



Fluid Trademarks in Healthcare: Psychological Impacts on Patient Trust and Brand Loyalty

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Abstract Fluid trademarks refer to the dynamic and adaptable approach than the normal trademarks, the core trademarks are used in the most creative way but maintaining it's significant elements of the trademarks. It allows for different iterations of the base mark, like logos, symbols or verbal elements, that can change based on the occasion, season or other factors. The objective of the study is to examine how adaptable the fluid trademark strategies influence patients' psychological perceptions affecting their loyalty to healthcare brands. The study aims to understand the role of evolving brand identities in building sustained patient relationships within the healthcare sector. This research paper adopts an empirical study with patients to gather insights on perceptions of trust and loyalty in response to evolving brand identities, interpret how visual and symbolic changes in trademarks impact emotional and cognitive responses. The findings of the study are the Consistent branding in the different platforms including the websites, social media and other means brings trust among patients. The challenges faced in this study is that evolving trademarks can keep a brand modern and responsive, but instead too many changes can confuse patients and weaken brand recognition. The limitations of the study are that patient trust and loyalty are influenced by personal experiences and emotions, making them difficult to measure consistently and objectively. The conclusion is fluid trademarks in healthcare can significantly enhance patient trust and loyalty when strategically balanced with consistency, clarity and emotional relevance. Fluid trademarks boost patient trust and loyalty through strategic consistency.

Key Words Healthcare Branding, Patient Trust, Brand Loyalty, Fluid Trademarks, Healthcare Consumer Behaviour

INTRODUCTION

This study explores the psychological implications of fluid trademarks, a branding approach characterized by the adaptive modification of visual and symbolic brand elements, within the healthcare sector. Specifically, it investigates how such branding strategies influence patient trust, decision-making and loyalty, with a focus on social media platforms as primary vehicles of brand communication. As healthcare providers strive to differentiate themselves in a competitive industry, many are increasingly adopting dynamic and responsive branding tactics that aim to cultivate emotional resonance and enhance recognition.

The research aims to determine how changes in branding affect patient perceptions of healthcare providers and whether such changes influence patients' long-term loyalty or decision to continue care with a specific provider. The study pays particular attention to the role of demographic variables, such as education level, gender, place of residence and employment status, in shaping

responses to fluid branding strategies. Additionally, it evaluates how different population groups perceive, engage with and respond to evolving brand elements in healthcare communication. The overarching objective is to provide evidence-based insights for healthcare marketers and administrators on optimizing branding strategies that foster trust and enduring patient relationships.

In recent years, the Indian government has initiated a range of digital and branding reforms aimed at enhancing healthcare accessibility, transparency and patient trust. The Ayushman Bharat Digital Mission (ABDM), for instance, promotes the digitization of health records and the creation of unique Health IDs for citizens, allowing for personalized and verifiable care. Simultaneously, the National Health Authority (NHA) has worked to standardize the branding of healthcare services under public schemes to improve their visibility and legitimacy.

Government initiatives like "Digital India" and "Make in India", although not exclusively focused on healthcare, have indirectly contributed to the rise of healthcare branding

through the promotion of digital infrastructure and local health-tech industries. Notably, during the COVID-19 pandemic, government-led public health campaigns used fluid branding extensively across social media platforms to build public confidence in vaccination and safety protocols. The strategic use of branding, particularly in public-private partnerships (PPP), has played a critical role in fostering trust in hybrid healthcare delivery models. Collectively, these developments illustrate a broader governmental push towards the integration of digital branding with patient-centric communication strategies.

The effectiveness of fluid trademarks in shaping patient trust is moderated by multiple factors. Digital literacy is a key determinant: individuals with higher digital proficiency are more responsive to nuanced brand changes, while those with limited access or understanding may find such variability disorienting. Although fluid branding allows for adaptability, it must be balanced with core consistency to preserve recognizability and avoid undermining brand equity.

Cultural norms, perceived professionalism and emotional resonance further reinforce brand perception. For instance, symbolic elements that reflect cultural values or emphasize human care, such as traditional motifs or empathetic imagery, can deepen emotional attachment to a brand. The impact of social media branding is most pronounced among younger, urban populations who are more likely to engage with visually dynamic, emotionally driven content. In contrast, older or rural populations may be more sceptical of frequent brand changes and place greater emphasis on institutional stability.

Furthermore, demographic characteristics such as educational attainment and professional background shape individual interpretations of branding. Professionals often respond favourably to sophisticated, data-informed branding strategies, while others may rely more on emotional or experiential cues. Regulatory endorsements, including official government branding or certification marks, can significantly influence public trust, particularly in contexts where institutional legitimacy is critical.

Fluid trademarks allow healthcare providers to maintain a cohesive brand identity while adapting to various audiences, media channels and services. This balance between consistency and flexibility enhances patient engagement by creating multiple, context-sensitive touchpoints. Branding elements, such as logos, colour schemes, taglines and messaging, may be subtly varied without losing their core recognizability, making the brand appear more relevant and personalized.

An emerging trend in healthcare branding is personalization, driven by the increased use of patient data to tailor communication and service delivery. When branding aligns with personalized healthcare experiences, it enhances the perception of care as empathetic and relevant. Emotional branding, through the use of storytelling, patient testimonials and behind-the-scenes narratives, also plays a growing role in humanizing healthcare services and establishing affective bonds between providers and patients.

While countries like the United States, United Kingdom, Singapore and South Korea have successfully implemented fluid trademarks within well-established digital healthcare ecosystems, India is still in the early stages of adopting such strategies on a broad scale. These advanced nations benefit from comprehensive digital infrastructure, higher public digital literacy and regulatory environments that encourage brand innovation across platforms such as mobile applications, wellness portals and telehealth services.

India, in contrast, continues to face challenges such as inconsistent digital access in rural areas and varying degrees of health literacy. Nonetheless, initiatives such as ABDM and Digital India are closing the gap by increasing awareness and accessibility to digital health services. In urban centres and within the private healthcare sector, fluid trademarks are gaining traction. To meet international standards, however, India must focus on improving regulatory clarity, brand consistency and inclusive digital outreach across its diverse population.

Research Objectives

- To examine the influence of dynamic brand components on patient Behaviour, trust and loyalty in healthcare
- To assess how healthcare providers can balance innovation in branding with the need for brand stability and reliability
- To evaluate the effectiveness of social media branding in fostering patient engagement and long-term commitment

REVIEW OF LITERATURE

The health sector is a key player in trust and consumer loyalty, but understanding the factors leading to consumer engagement and advocacy remains a challenge. Existing literature mainly focuses on brand trust in consumer goods and services, but there is limited research on how it functions within the health sector. This study aims to fill this gap by examining how influencer knowledge, brand experience and individual-level collectivist ideals affect brand trust and loyalty. The research, conducted in Karachi, tested seven hypotheses related to brand experience, influencer expertise, brand trust, parasocial relationships, brand loyalty and brand advocacy. The empirical evidence showed that brand experience and influencer expertise positively affect brand trust, which in turn has positive spillover effects for developing parasocial relationships, brand loyalty and brand advocacy. The study contributes to the academic theoretical base by advancing a comprehensive model for building brand trust and loyalty in the healthcare sector. Future studies should broaden their scope, investigate other cultural aspects and apply these findings in other fields [1].

The aim is to develop a conceptual framework that explains how tourists' brand knowledge influences their trust and loyalty toward a travel destination. The objective is to explore the interrelationships between brand awareness, brand image, brand trust and brand loyalty in the context of destination marketing. Utilizing a theoretical approach, the authors build their model based on existing literature in

branding and consumer Behaviour rather than empirical data collection. Their findings suggest that both brand awareness and brand image are key components of brand knowledge that significantly affect brand trust, which in turn fosters brand loyalty. The study concludes that understanding these relationships can help destination marketers create stronger, more appealing brands that encourage repeat visitation and positive word-of-mouth, emphasizing the importance of strategic branding efforts in tourism [2].

This study examines the impact of brand experience, trust and customer satisfaction on brand loyalty in halal skincare products. Data was collected through an online questionnaire distributed to consumers of the halal skincare brand, Something. The study used the Partial Least Squares Structural Equation Modelling (PLS-SEM) method and SmartPLS software. Results showed that brand experience, trust and customer satisfaction significantly influence brand loyalty. Customer satisfaction significantly mediates the relationship between brand experience and loyalty. However, the study's focus on a single halal skincare brand, Something, makes it difficult to generalize the findings to other brands. The cross-sectional approach also doesn't allow for long-term changes in brand loyalty. The findings can help companies enhance their marketing strategies by strengthening brand experience, building customer trust and improving satisfaction to maintain customer loyalty [3].

Social media has revolutionized communication for healthcare professionals (HCPs), allowing them to build personal brands, connect with patients and improve visibility. Platforms like LinkedIn, Instagram and X (formerly Twitter) promote collaboration and public health advocacy but also present ethical issues such as patient confidentiality and misinformation. A narrative review analysed literature to assess social media's effect on HCP branding. Findings revealed enhanced visibility, credibility and engagement, with LinkedIn aiding networking, Instagram fostering trust and TikTok targeting younger audiences. Ethical concerns necessitate institutional guidelines and training to balance opportunities and risks while maintaining professional integrity and patient trust [4].

The book chapter thoroughly examines the intricate relationship between patents, trademarks and healthcare, emphasizing the delicate balance between fostering innovation and ensuring access to critical medical technologies. It explores both the positive and negative externalities of patents and trademarks on research, development and consumer Behaviour in healthcare. The authors delve into the roles of traditional and non-traditional trademarks within the sector, presenting ethical and accessibility challenges surrounding intellectual property rights. By analysing existing literature and specific case studies, the authors provide insights into addressing the dual challenge of promoting healthcare innovation and guaranteeing that healthcare remains a universal right. This comprehensive analysis renders the chapter a valuable resource for understanding the complex dynamics at play in the intersection of intellectual property and health care [5].

The post-COVID-19 pandemic has caused an epidemiological transition that has pushed the pace of development of the health service system even further. Issues and revolutions in the health service industry have made all health service industry providers compete with each other to get service users with competitive advantages in the potential global health market. The hospital has improved revenue sustainability while promoting quality assurance practices. These healthcare industry managers have become adept at introducing business practices into business operations to increase the market for hospital customers. Exploratory factor analysis on important marketing dimensions such as experiential marketing, brand trust and patient loyalty is very much needed in the issue of competition in the health service industry in hospitals. Strengthening and expanding hospital branding as a promotion strategy to add positive value to the reputation of patient and community services at the hospital [6].

The restaurant business in Jakarta has rapidly increased. Marketing today as the complete of brand strategy and experiential marketing on the competitive situation. The Jun Jan Kitchen is a new restaurant specialized on Chinese Food, urgent to know the brand loyalty. The Aim research is to measure the influence of Experiential marketing, emotional branding and brand trust towards brand loyalty. Research method used descriptive, data collecting technique with questionnaire and observation. Statistic tools using path analysis to look for contribution level on each variable towards others. Population this research is Jun Jan Kitchen. Sampling technique using accidental sampling. The sample is 100 customers. Result of this research is experiential marketing giving the significant influence towards brand trust whereas Emotional branding giving the significant influence towards brand loyalty [7].

Several variables influencing student loyalty formation include brand image, trust and social media engagement. This research aims to understand brand loyalty within private universities in West Sulawesi Province, Indonesia. The study focuses on the influence of brand image and investigates the mediating roles of brand trust and social media engagement in shaping brand loyalty among students and alumni. The research method employed was Structural Equation Modelling (SEM) and the data was gathered from official social media accounts managed by four regional private universities. The aim was to provide a rigorous and comprehensive analysis. The results of this study indicate that the brand image of private tertiary institutions has a positive effect on brand trust, the brand image does not affect loyalty, brand image has a positive impact on social media engagement, brand trust has no effect on brand loyalty, social media engagement has no impact on brand loyalty and there is no direct relationship between brand image loyalty through the variable brand trust and social media engagement and social media engagement [8].

Building brand loyalty has become essential, particularly for sportswear brands in the age of social media. As one of the countries committed to increasing the trend of healthy

lifestyles, Indonesia provides opportunities for sportswear brands to grow. This study aims to investigate how social media marketing affects brand loyalty, together with cognitive engagement and brand trust as mediators. The results show that social media marketing positively affects cognitive engagement, brand trust and brand loyalty. Furthermore, both cognitive engagement and brand trust positively affect brand loyalty and act as mediators in the relationship between social media marketing and brand loyalty. This study contributes to marketing literature by highlighting the role of cognitive engagement and brand trust in influencing brand loyalty. It provides strategic recommendations for sportswear to enhance its digital marketing efforts. These include creating interactive and engaging content, maintaining transparency and authenticity communication to customers, leveraging credible influencers and using data-driven insights to personalize content [9].

Sarung Mangga has the problem of inefficient and effective branding budgeting, so branding objectives have not been achieved optimally. This study aims to determine the effect of brand communication, brand identity and brand experience on brand loyalty mediated by brand trust in Sarung Mangga. This study uses quantitative methods, such as the purposive sampling technique. The results of this study indicate that brand communication has no positive effect on brand trust, brand identity has a positive effect on brand trust, brand experience has a positive effect on brand trust, brand communication has no positive effect on brand loyalty, brand identity has a positive effect on brand loyalty, brand experience has a positive effect on brand loyalty, there is no significant influence between brand communication and brand loyalty through brand trust, there is a significant influence between brand identity and brand loyalty through brand trust and there is a significant influence between brand experience and brand loyalty through brand trust [10].

The Jordanian Trademarks Law, as it stands today, suffered from the influence of imperial powers. Namely, the influence of the USA and UK has resulted in the introduction of a classification of trademarks, which is: “Foreign Trademarks “in the healthcare industry. This paper proves the said influence through the standard of well-known trademarks under the Jordanian Trademarks Law, in addition to the preferential treatment of the foreign trademarks in terms of invalidity and annulment. It is argued that the privileges given to foreign trademarks were to the detriment of national trademarks. This paper is a call for Jordan to put national interests first in this area of law and advances an argument for a legislative reform, *De lege ferenda* and the way Jordanian courts and the trademarks’ registrar should deal with the law as it stands today, *De lege lata*, in order to mitigate the loss that ‘national’ marks currently suffer from [11].

Gopalan [12] draws attention to the intersection of brand identity and public trust in the context of food adulteration, especially in health-sensitive sectors such as organic or nutraceutical products. Social media platforms like Instagram and TikTok have enabled brands to promote authenticity through visual storytelling and influencer

partnerships. However, the prevalence of adulterated or mislabelled health foods has eroded consumer trust, revealing that even fluid trademarks with high visibility can falter without verified credibility. Just as in healthcare, the branding of edible health products must balance innovation with ethical consistency. The reviewed literature on emotional satisfaction and perceived reliability. Selvamuthu [13] reinforces this, indicating that brand loyalty is contingent on authenticity and trustworthiness. In cases of food fraud, evolving brand identities may help reframe a company’s image post-crisis, but only if they maintain transparency and emotional resonance. This supports the broader argument that in both healthcare and food sectors, fluid trademarks must do more than attract attention; they must consistently signal integrity to sustain public confidence.

Selvamuthu [13] analyses the relationship between brand experience, trust and customer satisfaction on brand loyalty in the halal skincare industry. Using PLS-SEM, results show that trust and satisfaction significantly mediate brand loyalty. Although in a non-healthcare sector, the findings emphasize how emotional satisfaction and perceived reliability strengthen brand loyalty. In the context of healthcare, this supports the idea that fluid trademarks, when combined with a positive brand experience, can enhance patient trust if changes are emotionally resonant and consistently satisfying.

Investigating student loyalty in private universities, this study explores the role of brand image, trust and social media engagement. It concludes that while brand image impacts trust and engagement, it does not directly lead to loyalty. The findings reveal that trust alone may not guarantee long-term loyalty unless supported by consistent, relatable engagement. This insight is relevant to healthcare branding, suggesting that while fluid trademarks may improve brand image and attention, without sustained emotional engagement and trust, loyalty may not follow [14].

Sáiz and Castro [15] aim to explore the intersection of legal frameworks and commercial practices in the use of trademarks within branding. The objective is to provide a historical and analytical overview of how trademarks have evolved as essential tools for brand identity and market differentiation. Using a multidisciplinary methodology that combines legal analysis with historical and economic perspectives, the authors examine the development and role of trademarks across different jurisdictions and time periods. Their findings highlight the dynamic relationship between law and commerce, showing how trademark protection has both shaped and been shaped by market practices and branding strategies. The conclusion of the study is that understanding the legal underpinnings of trademarks is crucial for comprehending modern branding practices, as these legal constructs not only protect commercial interests but also influence how brands are built, perceived and maintained over time.

Canada’s world-renowned banking sector is well-regulated, capitalized and one of the world’s most stable. It meets the essential pre-conditions for intellectual property (IP)

finance methods such as a strong IP regime and a pool of firms with registered trademarks. In 2018 Canada launched its National IP Policy followed by certain IP finance initiatives led by the Canadian Business Development Bank (BDC) in 2019. However, it is not well understood how the Canadian Constitution structures economic relations. Certain longstanding federal and provincial issues remain to be addressed if trademark-backed finance is to become part of mainstream commercial lending in Canada. This article contributes to the nascent academic interdisciplinary trademark law and finance literature. An in-depth literature review highlights the existing gaps between the Canadian federal and provincial legal frameworks that govern security interests in trademarks and market needs. The traditional legal research methodology evaluates the impact of relevant case law, public policies and law practice, adopting finance, economic and IP rights theory perspectives. A digital shared ledger system technology law solution is proposed to enhance registration of security interests with the aim of making trademark finance in Canada more effective and efficient. This article is foundational in the sense that it paves the way for recommendations for new policies with a view to normalising trademark-backed debt finance processes in Canada [16].

Trademarks are an integral part of a firm's brand equity. While extant research looked at the outcomes of trademarks, e.g., a firm's financial valuation, profitability and productivity, limited knowledge exists regarding the factors influencing a company's decision to prolong or terminate trademarks. For the first time, the presented research investigates the effects of consumer-based brand equity (CBBE) dimensions on the decision to prolong or terminate trademarks and how trademark characteristics and the level of regulation in a product category moderate these effects. The CBBE dimension relevant stature (reflecting brand knowledge, esteem and relevance) positively affects trademark prolongation, whereas the CBBE dimension energized differentiation (reflecting brand uniqueness) negatively impacts trademark prolongation. Specifically, brand-association trademarks and trademark age attenuate the negative effect of energized differentiation on trademark prolongation. Moreover, low levels of regulation reduce the probability of trademark prolongation for brands scoring high on knowledge, esteem and relevance [17].

In the era of development aligned with international conventions, the role of brands has become crucial in maintaining business competition and must comply with existing trademark regulations. For consumers, a brand not only facilitates identification but also serves as a symbol of self-esteem. Individuals accustomed to choosing products from a particular brand tend to continue using that brand for various reasons, such as familiarity, trustworthiness, product quality and more. Thus, the function of a brand as a guarantee of quality becomes increasingly evident, especially concerning reputable products. This research adopts a normative juridical research approach. The findings of this study indicate that legal protection for trademarks is granted, whether foreign or local, famous or not, only to registered

trademarks. Therefore, every brand owner is encouraged to register their trademark with the Directorate General of Intellectual Property Rights to obtain legal protection for their brand. Legal protection based on the first-to-file principle is provided to registered trademark holders with 'good faith' both in a preventive and repressive manner [18].

Non-traditional trademarks have been developing rapidly since the 1990s and have been accepted by many countries all over the world. But in the legislation and judicial practice, the recognition of the acquired distinctiveness of non-traditional trademarks is still rather confusing. Through literature review and qualitative analysis, this paper analyses the basic theory of the recognition of the distinctiveness of non-traditional trademarks from the definition of non-traditional trademarks, the standards for the recognition of the distinctiveness of trademarks and the particularity of the recognition of the distinctiveness of non-traditional trademarks. This paper also summarizes the relevant provisions of the determination of non-traditional trademark distinctiveness and puts forward suggestions for the improvement of the rules for the determination of non-traditional trademark distinctiveness, including increasing the forms of evidence recognized by the relevant public, attaching importance to the objective environmental evidence for the use of trademarks by relevant operators and Clarification of Limitations on Acquired Distinctiveness for Non-traditional Marks [19].

Children who require fluid resuscitation for the treatment of shock present to tertiary and non-tertiary medical settings. While timely fluid therapy improves survival odds, guidelines are poorly translated into clinical practice. The objective of this study was to characterize the attitudes, preferences and beliefs of health care providers working in acute care settings regarding paediatric fluid resuscitation performance. A single-centre survey study was conducted at McMaster Children's Hospital from January to May, 2012. The sampling frame ($n = 115$) included nursing staff, physician staff and subspecialty trainees working in Paediatric Emergency Medicine (PEM) or Paediatric Critical Care Medicine (PCCM). A self-administered questionnaire was developed and assessed for face validity prior to distribution. Eligible participants were invited at 0, 2 and 4 weeks to complete a web-based version of the survey. A follow-up survey administration phase was conducted to improve the response rate. Response rate was 72.2% (83/115), with 83% (68/82) self-identifying as nursing staff and 61% (50/82) as PCCM provider [20].

Begg *et al.* [21] aim to explore the transformative potential and practical challenges of applying neural networks in healthcare settings. The objective is to assess how neural network models can improve decision-making, diagnosis, treatment planning and patient care while addressing technical, ethical and implementation barriers. Employing a multidisciplinary methodology, the edited volume compiles case studies, empirical research and theoretical analyses contributed by experts in artificial

intelligence, medicine and data science. The findings demonstrate that neural networks can outperform traditional systems in pattern recognition and predictive tasks, yet their integration is hindered by issues such as data quality, interpretability and clinical acceptance.

Ramello and Silva [22] aim to investigate the economic functions and implications of trademarks, focusing on how they appropriate signs and meanings in the marketplace. The objective is to unravel the elusive nature of trademarks as both legal instruments and economic assets that influence consumer Behaviour and market structure. Using a theoretical and conceptual methodology rooted in law and economics, the authors analyse how trademarks help firms differentiate products and capture symbolic value. Their findings reveal that trademarks serve not just as identifiers but as vehicles for meaning appropriation, shaping consumer perceptions and competitive dynamics. The study concludes that trademarks play a complex and often underestimated role in the economy, where their value extends beyond mere protection to influence branding, innovation and consumer trust.

The statutory definition of trademark in any legislation of any country across the globe is that the trademark is static. In modern day and age companies are constantly making changes and variations of their mark. This addition is not a new trademark but a mere addendum. Trademark fluidity is not new. But this has specially increased during the pandemic. Changing a trademark to keep up with social situations makes the mark more attractive to the younger generation. There is an extensive use of the work 'Covid,' 'social distancing,' 'safe corona' by companies. Such acts may mislead the consumers. The need of the hour in the fast world is to protect the trademark and the consumer [23].

METHODS

This study adopts an empirical research approach to explore the psychological and Behavioural influence of fluid trademarks on patient trust, perception and loyalty in the healthcare sector. The research aims to collect and analyse quantitative data on how individuals perceive branding changes, particularly across digital and social media platforms. Given the growing significance of dynamic branding in healthcare marketing, the methodology focuses on capturing patient insights across a variety of demographic profiles.

A purposive sampling technique was employed to select participants who were likely to have experience or exposure to healthcare branding. This non-probability sampling method was chosen to ensure that the sample reflects individuals who are reasonably informed and engaged with healthcare systems. A total of 460 respondents were surveyed for this study. The sample frame consisted of individuals located in public areas in and around Chennai, selected for their accessibility and diversity in demographic representation. This urban and semi-urban setting was deemed suitable for examining branding awareness influenced by social media and digital outreach.

The independent variables for this study include demographic characteristics such as gender, age, educational

qualification, occupation and place of residence. These factors were used to analyse variations in patient responses to branding strategies and to understand how socio-demographic diversity influences perceptions of healthcare brand identity and trustworthiness.

The study focused on a set of dependent variables aimed at measuring how branding elements shape patient decisions and loyalty. These include: the perceived impact of frequent changes in branding on a patient's decision to remain with a healthcare provider; the influence of social media-based fluid trademarks on trust; identification of the most significant branding element (such as logo, tagline or colour scheme) in driving loyalty; and the extent to which visual design elements (colour palette, typography, layout) contribute to perceived reliability and appeal. Additional factors explored include the emotional connection fostered through branding, the effect of balancing modern design with service quality on patient confidence and whether frequent branding changes create scepticism about the authenticity or legality of the healthcare organization. Furthermore, respondents were asked to rate their ability to recognize fluid trademarks in healthcare on a scale of 1 to 10.

To gather this data, a structured questionnaire was developed as the primary research instrument. It comprised a mix of Likert scale items (ranging from Strongly Disagree to Strongly Agree), multiple-choice questions and rating scales. The questionnaire was pre-tested with a small sample to ensure clarity, relevance and internal consistency. This validation process enhanced the reliability of the final data collection.

The collected data was analysed using a combination of descriptive and inferential statistical techniques. Descriptive statistics were used to summarize demographic information and highlight general response trends. Graphical representations, such as bar charts, pie charts and histograms, were utilized to visually present the findings. To examine relationships between variables, the Chi-square test was applied to identify associations between demographic characteristics and key brand perception outcomes. Additionally, Analysis of Variance (ANOVA) was used to determine whether statistically significant differences existed among different groups based on education, gender or residence regarding their perceptions of branding. Cross-tabulation methods were also employed to assess relationships between variables, such as the link between occupation and emotional branding perception.

All respondents were informed of the purpose of the study and gave their voluntary consent before participation. The research adhered to standard ethical guidelines, ensuring that all data collected remained anonymous and confidential. The study is conducted purely for academic purposes and no personally identifiable information was disclosed or used beyond the scope of analysis.

RESULTS

The percentage of respondents who answered "Yes" to whether frequent changes in fluid trademark branding affect a patient's decision to continue to the same healthcare provider were as follows: 8.22% for the age group 21-30,

37.90% for the age group 31-40 and 19.18% for the age group 41-50. For the “No” responses, the percentages were 0.46% for age group 21-30, 5.02% for age group 31-40 and 29.22% for age group 41-50. No data was shown for the age groups 15-20 and 51 and above (Figure 1).

According to the data in Figure 2, 20.55% of males and 21.00% of females agreed that the use of fluid trademarks in social media branding plays a significant role in shaping patient trust toward a healthcare provider, while 49.32% of males and 9.13% of females disagreed. There is no data presented for the transgender category.

In rural areas, 4.57% of respondents identified innovation in branding and 3.65% identified personalized experience as the most significant elements influencing loyalty toward healthcare providers. In urban areas, brand reputation was chosen by 14.16%, innovation in branding by 19.18%, effective communication by 20.63% and personalized experience by 19.63%. In semi-urban areas, only 0.46% chose brand reputation while 17.81% identified effective communication as the key factor (Figure 3).

Among respondents, 14.16% from the public sector stated that professional design builds their trust, while 2.74% favoured simple and clean visuals. In the private sector, 13.24% preferred outdated designs, 6.85% liked simple and clean visuals, 5.94% preferred no design elements and 14.16% appreciated professional design. For self-employed individuals, 22.37% preferred simple and clean visuals, 23.74% outdated designs, 13.24% no design elements and 5.94% professional design. There is no data shown for students (Figure 4).

For respondents with SSLC qualifications, as shown in Figure 5, 14.16% answered “No” and 7.76% answered “Yes” when asked if frequent changes to a healthcare provider’s branding make them question the organization’s authenticity or legality. Among those with HSC qualifications, 48.86% responded “No,” 23.29% said “Yes,” 5.48% selected category 3 and 0.46% responded with category 4. No responses were recorded for undergraduate and postgraduate groups.

Among private sector respondents, 22.37% rated their ability to recognize fluid trademarks in healthcare sectors as

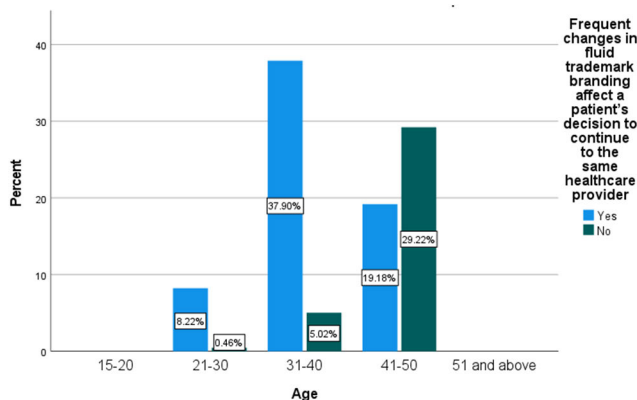


Figure 1: Clustered Bar Percent of Age

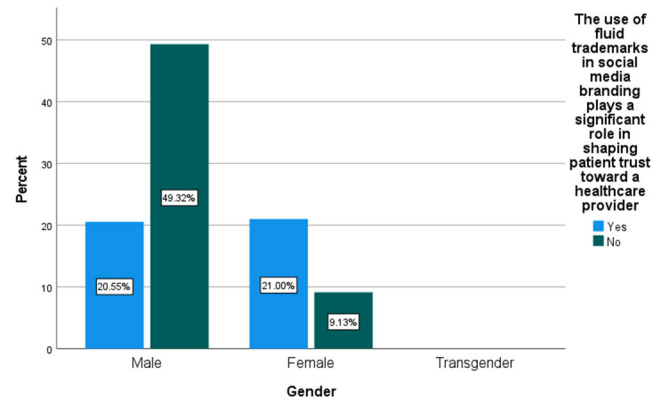


Figure 2: Clustered Bar Percent of Gender

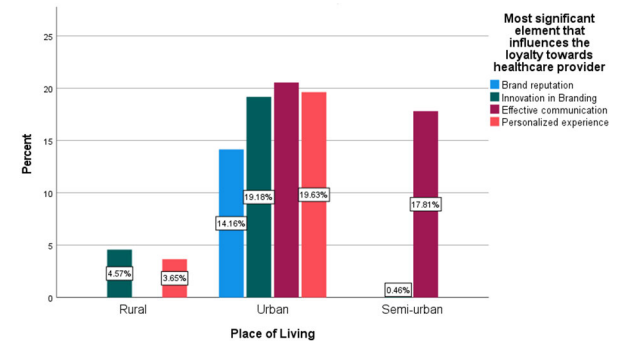


Figure 3: Clustered Bar Percent of Place of Living

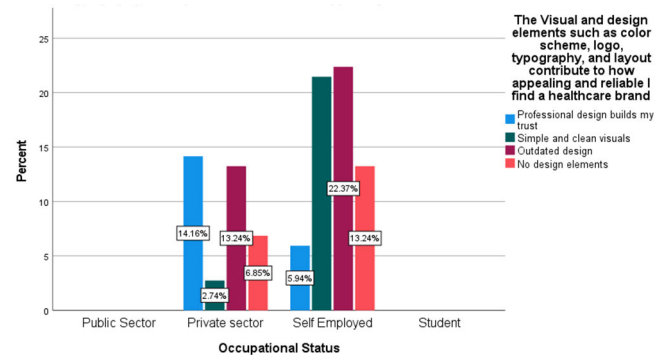


Figure 4: Clustered Bar Percent of

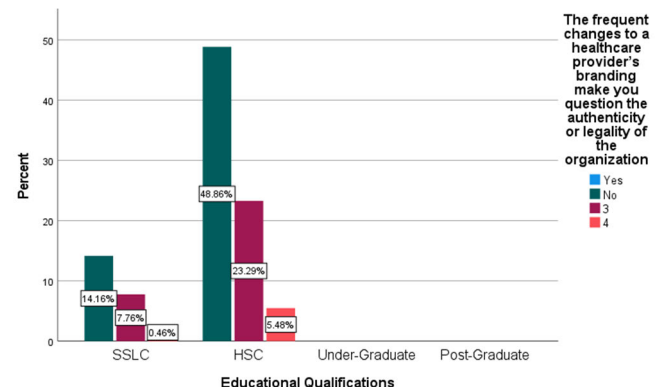


Figure 5: Clustered Bar Percent of Educational Qualifications

6, 14.16% as 5 and 0.46% as 3. In the self-employed group, 21.00% gave a rating of 6, 16.44% gave a 7, 5.94% selected 10, 3.65% chose 9 and 1% gave a 2. Public sector participants had lower responses with no notable percentages shown for high ratings. Students recorded no responses across the scale (Figure 6).

Figure 7 shows that among individuals with SSLC qualifications, the highest percentages are 7.31% and 6.85% in ratings 6 and 10, respectively. For HSC holders, the highest percentage is 31.96% rating their ability to recognize fluid trademarks in healthcare sectors at level 10, followed by 27.85% at level 6 and 8.22% at level 1. Among undergraduates, the highest rating is 5.94% at level 10. Postgraduates show no data across the scale.

Among males, 52.97% believe that frequent changes in fluid trademark branding affect a patient's decision to continue with the same healthcare provider, while 16.89% do not. Among females, 12.33% agree with this view, whereas 17.81% disagree. No data is presented for transgender individuals (Figure 8).

In urban areas, 53.88% of respondents believe that the use of fluid trademarks in social media branding plays a significant role in shaping patient trust toward a healthcare provider, while 19.63% disagree. In semi-urban areas, 18.26% agree, with no "No" data presented. In rural areas, only 3.65% agree and 4.57% disagree (Figure 9).

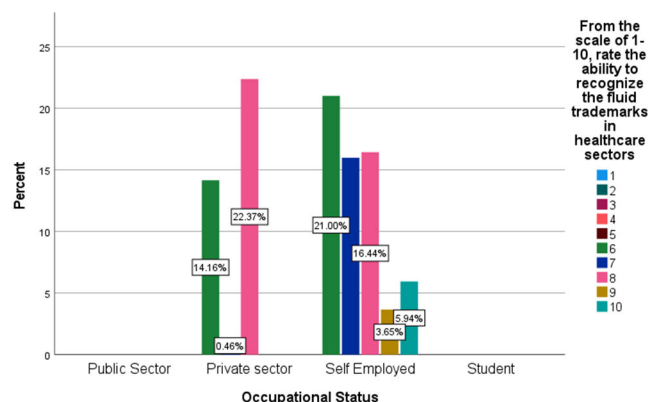


Figure 6: Clustered Bar Percent of Occupational Status

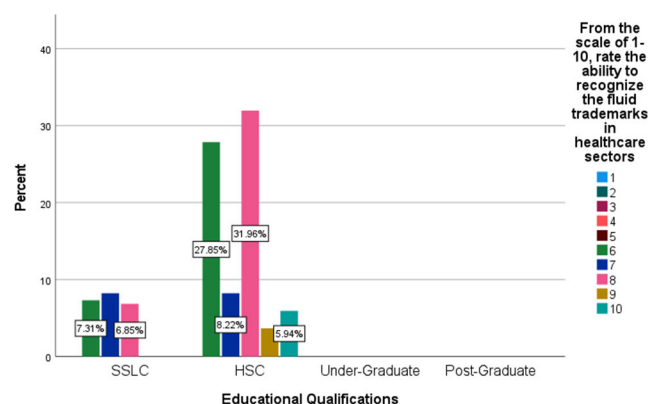


Figure 7: The ability to recognise the fluid trademark

In the private sector, 25.57% believe that fluid trademarks in social media branding shape patient trust in healthcare providers, while 11.42% do not. Among the self-employed, 15.98% agree with the statement, whereas 47.03% disagree. There is no recorded data for public sector employees or students (Figure 10).

DISCUSSION

The data in Figure 1 shows that individuals in the 31-40 age group are the most likely to be influenced by changes in fluid trademark branding when deciding whether to continue with

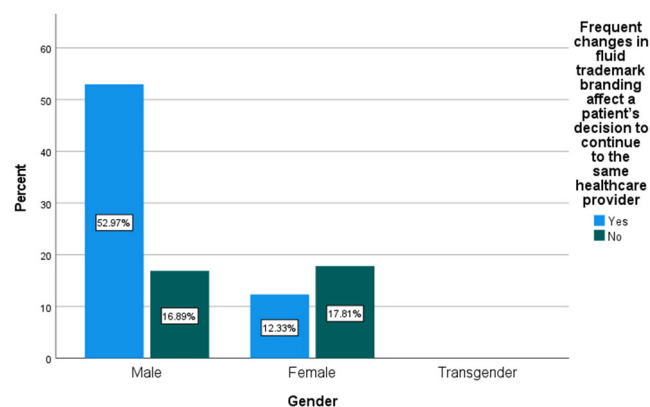


Figure 8: Changes in fluid trademark effects WRT gender

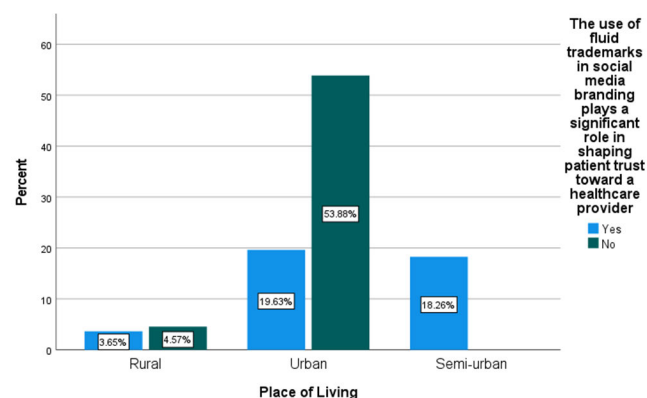


Figure 9: Trademark role in shaping trust WRT place of living

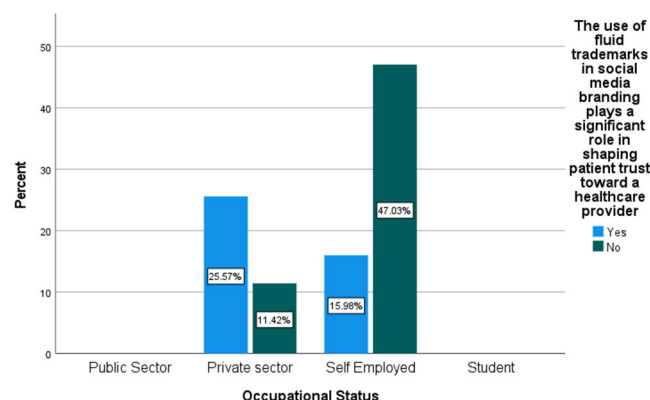


Figure 10: Trademark role in shaping trust WRT occupational status

the same healthcare provider. This could reflect higher brand sensitivity or expectations related to consistency among people in this age range, who may be more engaged with healthcare decisions. Conversely, the 41-50 age group showed more resistance to branding changes, indicating that they might prioritize factors other than branding, such as provider experience or trust built over time. Younger adults (21-30) and older individuals (51 and above) appear less affected, possibly due to limited healthcare engagement or greater loyalty, respectively.

The responses suggest that female participants are slightly more likely than males to view fluid trademark use on social media as influential in building trust with healthcare providers. However, a much larger proportion of males disagreed with this statement, indicating a significant gender gap in perception. Meanwhile, as we analyse Figure 2, the relatively low disagreement among females suggests they may be more receptive to branding cues online. The absence of responses from transgender individuals limits the inclusivity of the insights, highlighting a potential gap in demographic representation or engagement in the survey.

The responses in Figure 3 indicate that urban residents place value on a broad range of factors, especially effective communication, personalized experience and innovation in branding, when it comes to remaining loyal to a healthcare provider. This suggests a more dynamic and brand-conscious healthcare engagement in urban areas. Meanwhile, rural respondents show limited emphasis on branding and personalization, possibly due to fewer healthcare options or a greater focus on access over experience. Semi-urban residents overwhelmingly emphasized effective communication, suggesting that clear and consistent interaction may be a decisive loyalty factor where resources are more limited compared to urban areas but expectations are evolving.

The data in Figure 4 reveals that self-employed individuals are most responsive to visual and design elements, particularly favouring simple, clean visuals and even outdated designs, possibly due to their frequent engagement with branding in their own businesses. The public sector values professional design more than other categories, suggesting a preference for formality and structured presentation. Meanwhile, those in the private sector show a more varied set of preferences, with no single design element dominating, reflecting potentially diverse roles and exposure to multiple branding styles. The absence of student responses may either reflect lack of interest or insufficient sample representation.

The data (Figure 5) suggests that individuals with higher secondary education (HSC) are more sensitive to frequent changes in branding, with nearly a quarter expressing concern about the organization's legitimacy. In contrast, a larger proportion still maintained trust, indicating mixed perceptions within this group. Those with SSLC education showed a relatively balanced outlook but leaned more toward trust. The complete absence of responses from undergraduate and postgraduate groups may point to either a

sampling limitation or a perception that such branding changes are less concerning among more highly educated individuals. This gap underscores the need for broader data representation to draw more definitive conclusions.

Self-employed individuals appear to have a strong awareness of fluid trademarks in healthcare (Figure 6), with high ratings clustered around the mid-to-high end of the scale. This may reflect a higher exposure or necessity to recognize branding in their independent professional activities. Private sector employees also demonstrated notable recognition ability, though slightly more concentrated around mid-level ratings. The absence of data from students and minimal input from the public sector suggests either a lack of familiarity or lower engagement with fluid branding in healthcare among these groups, which may reflect differing priorities or roles in the healthcare decision-making process.

The data in Figure 7 suggests that individuals with HSC qualifications are more confident in their ability to recognize fluid trademarks in healthcare sectors, particularly at the highest rating of 10. This indicates a peak in awareness or training at the HSC level. SSLC holders show moderate confidence, mainly clustered around mid-scale values, hinting at a foundational awareness but not as strong as those with higher education. Undergraduates also show minimal representation, which might suggest either limited exposure or fewer responses from that group. Interestingly, there is no data for postgraduates, which could imply a lack of participation or other limiting factors in the sample.

The data in Figure 8 suggests that male respondents are significantly more likely to be influenced by changes in fluid trademark branding when deciding whether to remain with a healthcare provider. This could indicate that brand consistency holds greater importance for males in healthcare decisions. On the other hand, females appear more indifferent or slightly sceptical about the influence of such changes, as a higher percentage disagreed with the statement. The absence of data for transgender individuals limits a more inclusive analysis, pointing to a gap that may need further exploration in future studies.

The data in Figure 9 clearly indicates that individuals living in urban areas are far more likely to view social media branding, especially through fluid trademarks, as a key factor in building trust in healthcare providers. This likely reflects higher exposure to digital content and branding in urban settings. Conversely, rural residents show minimal influence from such branding efforts, possibly due to limited access or lower reliance on social media platforms for healthcare decisions. The semi-urban population falls somewhere in between, suggesting a transitional trend where digital branding is gaining moderate relevance but is not yet a dominant influence. This highlights a digital divide in healthcare perception shaped by geographic location.

The data in Figure 10 reveals that individuals in the private sector are more likely to acknowledge the role of fluid trademarks in building trust through social media branding, reflecting their probable exposure to and reliance

on professional digital impressions. On the contrary, the majority of self-employed individuals appear sceptical, possibly due to a more personalized or informal approach to choosing healthcare providers. The absence of data from the public sector and student groups limits the breadth of analysis, suggesting either a lack of responses or representation, which future research should address for a more comprehensive understanding.

Findings

The results of the research indicate that the capacity to identify fluid trademarks within the healthcare industry significantly differs among various demographic groups. Individuals with higher educational attainment, particularly at the HSC level, demonstrate a greater level of awareness. Males are more swayed by frequent alterations in fluid trademark branding when determining whether to remain with the same healthcare provider, whereas females seem to be less influenced. Urban dwellers are more inclined to believe that the implementation of fluid trademarks in social media branding affects their trust in a healthcare provider, in contrast to those living in rural and semi-urban areas. Likewise, employees in the private sector and self-employed individuals show a heightened responsiveness to such branding, suggesting that occupational exposure and digital engagement are crucial factors. In summary, the study underscores that education, gender, geographic location and professional background are significant determinants of how fluid healthcare branding influences trust and decision-making among patients.

Suggestions

To improve the effectiveness of fluid trademarks in healthcare branding, it is recommended that healthcare providers strike a balance between innovation and consistency to ensure brand recognition while adapting to various digital platforms. Educational initiatives should be implemented to enhance digital and health literacy, particularly in rural and semi-urban regions, facilitating greater engagement with branding efforts. Providers ought to focus on culturally sensitive and regionally customized visual identities to connect with local communities. Utilizing patient feedback and Behavioural analytics can assist in refining branding strategies to foster trust. Additionally, government entities should develop guidelines and support mechanisms for ethical and effective healthcare branding, including public-private collaborations to broaden outreach. Ultimately, investing in training healthcare professionals on brand communication and responsible social media use can further bolster the trust and credibility that fluid trademarks seek to establish.

CONCLUSIONS

In summary, the research highlights the increasing importance of fluid trademarks in establishing patient trust and affecting healthcare choices in a digitally oriented age. Although dynamic branding strategies have

become more popular, their success differs among various demographics, with urban, educated and professionally engaged individuals demonstrating greater awareness and responsiveness. The influence of such branding is especially pronounced in social media environments, where visual identity and flexibility are vital to patient perception. Nevertheless, the differing degrees of digital exposure and health literacy across different regions and professions indicate a necessity for more inclusive branding strategies. Ultimately, fluid trademarks, when thoughtfully crafted and culturally relevant, can enhance relationships between healthcare providers and patients, thereby promoting increased trust and engagement among a wide range of patient demographics.

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