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Understanding Kerala Ayurveda's Brand Formation: The Serial Mediating Roles of Affection, Connection and Passion in the Relationship between Service Quality and Clinical Excellence

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ABSTRACT: **Purpose** – This study investigates the comprehensive brand formation process in Kerala's Ayurveda healthcare sector. It examines a holistic framework where service quality, destination image, convenience, and perceived value influence clinical excellence and satisfaction, serially mediated by emotional brand attachment dimensions (affection, connection, and passion), ultimately leading to brand formation and loyalty.

Design/Methodology/Approach – A structured questionnaire comprising 16 multi-item constructs (64 Likert-scale items) was administered to 143 patients across multiple Ayurveda hospitals, clinics, resorts, and massage centers in Kerala. The study employs descriptive statistics, full correlation analysis, and serial mediation analysis utilizing all questionnaire variables to test the hypothesized comprehensive framework.

Findings – The results validate the serial mediation pathway (Service Quality → Affection → Connection → Passion → Clinical Excellence → Brand Formation). Additionally, destination image and perceived value emerge as significant antecedents, while treatment satisfaction and overall satisfaction act as parallel mediators bridging clinical excellence with brand loyalty. The comprehensive model explains 68.4% of the variance in brand formation.

Practical Implications – The study provides actionable insights for administrators, policymakers, and tourism stakeholders on leveraging comprehensive service design, emotional engagement, and destination branding to strengthen Kerala's position as a global Ayurveda leader.

Originality/Value – This research is the first to empirically examine a fully integrated model of Kerala Ayurveda brand formation, utilizing all dimensions of patient perception—from service quality and destination image to emotional attachment and loyalty.

1. INTRODUCTION

Kerala, the "God's Own Country," has transcended its geographical identity to become the global epicenter of authentic Ayurveda. Unlike other Indian states where Ayurveda is often diluted into spa tourism, Kerala maintains a clinically governed, tradition-rooted approach, deeply embedded in the Ashtavaidya lineage and supported by the rich biodiversity of the Western Ghats. The state's unique brand—the "Kerala Brand" of Ayurveda—is built on a trinity of factors: authentic diagnostic practices, holistic therapeutic protocols, and a service culture that blends clinical excellence with unparalleled hospitality. Recent international conclaves have emphasized that positioning Ayurveda under the distinct 'Kerala Brand' is crucial for establishing

the state as a global leader in wellness tourism, with consistent service quality without compromising authenticity remaining a vital imperative in an increasingly competitive global market [1].

However, brand formation in healthcare is a complex, multi-layered process. Patients do not merely evaluate clinical outcomes; they undergo a profound emotional and experiential journey. The decision to visit Kerala for Ayurveda is influenced not only by the perceived quality of treatment but also by the destination's image, convenience, and the overall value proposition. Once there, the patient's experience—the warmth of care, the alignment of personal values with the brand, and the eventual enthusiasm to advocate—serially transforms clinical perceptions into enduring brand loyalty. The performance-based service quality and patient satisfaction have been identified as major antecedents of behavioral intentions in the healthcare sector, making them critical drivers of brand equity [2].

Despite the economic significance of Ayurveda tourism, existing literature has predominantly focused on either clinical outcomes or tourism amenities in isolation. There is a critical gap in understanding how these diverse factors—spanning service quality, destination image, convenience, value, and emotional engagement—integrate to form a robust brand. The therapeutic depth of Kerala Ayurveda, combined with its access to medicinal resources from the Western Ghats, contributes to superior clinical outcomes, yet the psychological mechanisms through which these translate into brand perceptions remain underexplored [3].

Drawing upon the Stimulus-Organism-Response (SOR) framework, this study proposes a comprehensive model that utilizes the full spectrum of the patient's decision-making and experiential journey. It posits that Service Quality, Destination Image, and Convenience (Stimuli) trigger internal emotional states—specifically Affection, Connection, and Passion (Organism)—which serially shape perceptions of Clinical Excellence and Satisfaction, finally culminating in Brand Formation and Loyalty (Response). Experiential brands promote long-lasting brand loyalty through building brand passion, self-brand connection, and brand affection, and this serial progression has not been empirically validated in the traditional healthcare context [4]. The objectives of this study are: (1) To validate the serial mediation of affection, connection, and passion in the service quality-clinical excellence nexus; (2) To expand the model by testing the roles of destination image, perceived value, and convenience as complementary antecedents; (3) To examine the parallel mediating roles of treatment and overall satisfaction in brand loyalty; and (4) To provide evidence-based recommendations for holistic brand management in Kerala Ayurveda.

2. REVIEW OF LITERATURE

The relationship between healthcare services and brand formation has been extensively studied, yet the specific mechanisms operating in traditional medicine systems like Kerala Ayurveda warrant dedicated investigation. This section synthesizes the existing literature across seven key thematic areas, drawing upon established theories and empirical findings to build the theoretical foundation for this study.

The significance of the distinct 'Kerala Brand' has been emphasized in recent global conclaves, with experts underscoring that consistent service quality without compromising authenticity remains vital in a competitive global market [1]. Kerala Ayurveda stands out due to its rigorous adherence to classical texts and the Ashtavaidya tradition. The clinical excellence of Kerala Ayurveda is supported by exclusive access to medicinal plants and a unique tropical climate conducive to treatments like Panchakarma. The state's USP in tourism is encapsulated in the ABC acronym—Ayurveda, Backwaters, and Culture—which together create a compelling destination narrative that attracts global wellness seekers. Recent initiatives, including international conclaves, have attracted delegates from over 34 countries, highlighting the growing global recognition of Kerala's Ayurveda heritage.

Service quality has been identified as a multi-dimensional construct encompassing tangibles, reliability, responsiveness, assurance, and empathy [2]. In the healthcare sector, performance-based service quality is a major antecedent of patient satisfaction and behavioral intentions. In the Ayurveda context, service quality is uniquely defined by the purity of herbal oils, the ambiance of the treatment centers, the expertise of Vaidyars, and the post-treatment dietary guidance. Studies have examined perceptional differences of healthcare consumers by analyzing the relationship between service quality, satisfaction, and behavioral intentions, finding that perception varies according to socio-economic variables. The service quality variables in Ayurveda hospitals in Kerala have been studied to understand inpatient perceptions, expectations, loyalty, and challenges.

Clinical excellence in Kerala Ayurveda is deeply rooted in traditional knowledge systems, including the Ashtavaidya lineage and classical texts [3]. Institutions like Arya Vaidya Sala, Kottakkal, established in 1902, have played a major decisive role in establishing and sustaining the brand of Kerala Ayurveda through clinical excellence. The unique diagnostic practices of Kerala Ayurveda, including pulse diagnosis (nadi pareeksha), tongue examination, and comprehensive assessment of the patient's constitution (prakriti), contribute to superior clinical outcomes. However, clinical excellence is not solely about clinical outcomes; it also involves the patient's perception of healing, the experience of care, and the trust placed in the traditional system. Patients who perceive high clinical excellence are likely to develop emotional bonds with the brand, leading to loyalty and positive word-of-mouth.

Emotional brand attachment refers to the emotional bond that consumers develop with brands, characterized by affection, connection, and passion [4]. Drawing upon the SOR model, research has explored the impact of brand experience on brand loyalty through the mediation of EBA dimensions. The findings reveal that experiential brands promote long-lasting brand loyalty through building brand passion, self-brand connection, and brand affection. Affection (brand affection) refers to the positive emotional feelings consumers have toward a brand, including warmth, fondness, and emotional attachment. Connection (self-brand connection) refers to the extent to which consumers incorporate the brand into their self-concept and identity. Passion (brand passion) refers to the intense positive feelings, excitement, and enthusiasm consumers feel toward a brand, driving advocacy and loyalty.

Destination image significantly influences healthcare tourism decisions [5]. The overall perception of Kerala as a travel and wellness destination influences initial expectations and perceived risk. Studies confirm that destination image is a critical antecedent of behavioral intentions in medical tourism contexts. Factors such as safety, cultural affinity, natural beauty, and perceived authenticity contribute to the destination's overall attractiveness. For international patients, the image of Kerala as a safe, spiritual, and authentic destination is as crucial as the hospital's sterilization standards.

Perceived value represents the trade-off between the total benefits (health outcomes, experience) and the total costs (money, time, effort), and significantly predicts satisfaction and loyalty [6]. Studies have demonstrated that perceived value is a key mediator between service quality and satisfaction in healthcare contexts. Convenience, encompassing accessibility, ease of booking, and logistical simplicity, is a critical factor in healthcare tourism [7]. Seamless logistics, including visa assistance, airport transfers, and digital medical records, enhance the overall patient experience and contribute to satisfaction.

Brand formation in healthcare services involves the process through which patients develop perceptions, attitudes, and emotional bonds with healthcare providers, ultimately leading to brand loyalty and advocacy [8]. Unlike product brands, healthcare brands are built on trust, expertise, care quality, and emotional connection. Business leadership and quality of products and services are rated as the second and third most important factors for growth in the Kerala Ayurveda industry. Certification and accreditation, such as Green Leaf Certified and Olive Leaf Certified hospitals, signal quality and authenticity to patients, influencing brand perceptions.

The Stimulus-Organism-Response (SOR) model provides the theoretical foundation for this study [9]. Originally developed in environmental psychology, the SOR model posits that environmental stimuli (S) trigger internal organismic states (O) that lead to behavioral responses (R). In this study, service quality, destination image, and convenience serve as stimuli, emotional attachment dimensions and satisfaction serve as organismic states, and brand formation and loyalty serve as responses. Certification acts as a tangible trust signal that boosts destination image and service quality perception [10]. Green Leaf Certified centers receive higher mean scores on clinical excellence and brand formation compared to non-certified centers, suggesting certification acts as a risk-reduction tool. The three emotional dimensions—affection, connection, and passion—are not independent but operate in a sequential manner, with service quality triggering affection, which deepens into connection, and ultimately culminates in passion [11].

Overall satisfaction and treatment satisfaction are proximal outcomes of service delivery [12]. Research confirms that satisfaction mediates the relationship between service quality and behavioral intentions. Specific treatment satisfaction, reflecting the patient's evaluation of the therapeutic process and outcomes, predicts loyalty and repeat visits [13]. Brand loyalty represents the ultimate behavioral response, indicating repeat visits, positive word-of-mouth, and resistance to competitors [14]. Loyalty is not just a result of clinical success but of sustained treatment satisfaction, which requires support even after the patient leaves the treatment center. Integrated assessment approaches that combine biophysical and economic components

provide the most comprehensive frameworks for sustainable brand management [15]. This holistic approach underscores the need for coordinated efforts across clinical, service, and destination dimensions to build enduring brand equity.

3. RESEARCH QUESTIONS AND OBJECTIVES

3.1 Research Questions

1. What is the direct relationship between service quality and clinical excellence in Kerala Ayurveda healthcare?
2. Do affection, connection, and passion serially mediate the relationship between service quality and clinical excellence?
3. How do destination image, perceived value, and convenience influence emotional attachment and clinical excellence?
4. How do clinical excellence and satisfaction translate into brand formation and loyalty?
5. How do demographic and contextual factors (native place, age, income, gender, occupation, education, marital status, family size, prior experience, purpose of visit, location, certification, and type of center) influence the relationships among service quality, emotional attachment, clinical excellence, and brand formation?

3.2 Research Objectives

1. To examine the direct relationship between service quality and clinical excellence in Kerala Ayurveda healthcare.
2. To investigate the serial mediating roles of affection, connection, and passion in the relationship between service quality and clinical excellence.
3. To assess the impact of destination image, perceived value, and convenience on the overall patient journey and emotional engagement.
4. To validate the outcomes of clinical excellence through overall satisfaction and treatment satisfaction towards brand formation and loyalty.
5. To identify the key demographic and contextual factors that influence the emotional attachment and brand formation processes in Kerala Ayurveda.
6. To provide actionable recommendations for strengthening Kerala Ayurveda brand formation through enhanced service quality, emotional engagement, and holistic brand management strategies.

3.3 Hypotheses

H1: Service quality has a significant positive direct effect on clinical excellence in Kerala Ayurveda healthcare.

H2: Affection significantly mediates the relationship between service quality and clinical excellence.

H3: Connection significantly mediates the relationship between service quality and clinical excellence.

H4: Passion significantly mediates the relationship between service quality and clinical excellence.

H5: Affection, connection, and passion serially mediate the relationship between service quality and clinical excellence (Service Quality → Affection → Connection → Passion → Clinical Excellence).

H6: Destination image has a significant positive effect on affection and clinical excellence.

H7: Perceived value has a significant positive effect on overall satisfaction and treatment satisfaction.

H8: Convenience has a significant positive effect on overall satisfaction.

H9: Clinical excellence significantly contributes to brand formation.

H10: Clinical excellence significantly contributes to overall satisfaction and treatment satisfaction.

H11: Overall satisfaction and treatment satisfaction significantly contribute to brand loyalty.

H12: Clinical excellence significantly contributes to brand loyalty through the serial mediation of overall satisfaction and treatment satisfaction.

4. RESEARCH METHODOLOGY

4.1 Research Design

This study employs a descriptive and analytical research design to examine the serial mediating roles of affection, connection, and passion in the relationship between service quality and clinical excellence in Kerala Ayurveda healthcare. The study utilizes a cross-sectional survey design with primary data collected from patients across multiple Ayurveda hospitals, clinics, resorts, and massage centers in Kerala. This design was selected for its ability to capture comprehensive patient perceptions across a wide range of variables in a natural healthcare setting.

4.2 Data Sources

Primary Data: Primary data were collected using a structured questionnaire administered to in-patients and out-patients of Ayurveda hospitals, clinics, resorts, and massage centers across Kerala. The questionnaire was designed to capture responses on service quality, clinical excellence, emotional brand attachment (affection, connection, passion), brand formation, satisfaction, and demographic information. The data collection instrument included 16 distinct multi-item constructs totalling 64 Likert-scale items, ensuring comprehensive coverage of all relevant dimensions of the patient experience.

Secondary Data: Secondary data were gathered from books, peer-reviewed journals, conference proceedings, government reports, and credible online sources related to Kerala Ayurveda, healthcare service quality, brand formation, and emotional branding.

4.3 Sampling Design

Population: The target population comprised patients who had availed Ayurveda healthcare services in Kerala, including both domestic and international patients.

Sampling Technique: A convenience sampling technique was employed, as is common in healthcare service quality research. Respondents were approached at various Ayurveda centers across Kerala, including accredited hospitals, clinics, resorts, and massage centers.

Sample Size: A total of 143 valid responses were collected from patients across multiple Ayurveda centers. The sample size is adequate for structural equation modeling and mediation analysis, given the complexity of the proposed model.

4.4 Data Collection Instrument

A structured questionnaire was developed based on established scales from the literature, adapted to the Kerala Ayurveda context. The questionnaire comprised the following sections:

Section A: Demographic and Contextual Information (Columns A-P in the Excel file)

- Native place (India/Outside India, with specific location)
- Age in years (categorized)
- Annual income (INR or equivalent)
- Gender
- Occupation
- Education level
- Marital status
- Family size
- Past trip experience in Kerala
- Purpose of visit (Treatment/Rejuvenation)
- Treatment specialty (if applicable)
- Rejuvenation therapy type (if applicable)

- Location of the hospital (Urban/Semi-Urban/Rural)
- Hospital certification
- Type of Ayurveda center (Hospital/Clinic/Resort/Massage Centre)

Section B: Service Quality (SRQ 1-4)
Four items measuring perceived service quality, including tangibles, reliability, responsiveness, and empathy.

Section C: Clinical Excellence (CLE 1-4)

Four items measuring perceived clinical excellence, including diagnostic accuracy, treatment effectiveness, therapeutic outcomes, and overall clinical quality.

Section D: Destination Image (DSI 1-4)

Four items measuring the perceived image of Kerala as an Ayurveda wellness destination.

Section E: Convenience (CNV 1-4)

Four items measuring the perceived convenience of accessing Ayurveda services.

Section F: Decision Factors (DSF 1-4)
Four items measuring factors influencing the decision to choose a specific Ayurveda center.

Section G: Perceived Value (PRV 1-4)
Four items measuring the perceived value of Ayurveda services relative to cost and effort.

Section H: Overall Satisfaction (OVS 1-4)
Four items measuring overall satisfaction with the Ayurveda experience.

Section I: Treatment Satisfaction (TRT 1-4)

Four items measuring satisfaction with the specific treatment received.

Section J: Affection (AFF 1-4)

Four items measuring brand affection, including emotional warmth, fondness, and positive feelings toward the Ayurveda center.

Section K: Connection (CNN 1-4)

Four items measuring self-brand connection, including the extent to which patients identify with and feel connected to the Ayurveda brand.

Section L: Passion (PSN 1-4)

Four items measuring brand passion, including excitement, enthusiasm, and advocacy toward the Ayurveda brand.

Section M: Emotional Attachment (EMA 1-4)

Four items measuring overall emotional attachment to the Ayurveda brand.

Section N: Loyalty (LYT 1-4)

Four items measuring brand loyalty, including repeat intention and resistance to competitors.

Section O: Brand Formation (BRI 1-4)

Four items measuring brand formation outcomes, including brand loyalty, positive word-of-mouth, and repeat intention.

Responses were recorded on a five-point Likert scale ranging from "Strongly Disagree" (1) to "Strongly Agree" (5).

4.5 Data Collection Procedure

Data were collected through direct interviews with patients at Ayurveda centers across Kerala. Trained enumerators administered the questionnaire, ensuring clarity of questions and completeness of responses. The data collection period extended over several weeks to capture a diverse sample across different types of Ayurveda centers and patient demographics.

4.6 Data Analysis Techniques

The data analysis was conducted using the following techniques:

1. Descriptive Statistics: Frequencies, percentages, means, and standard deviations were computed to describe the demographic profile of respondents and the distribution of responses across key variables.

2. Reliability Analysis: Cronbach's alpha coefficients were computed for each multi-item scale to assess internal consistency reliability.

3. Correlation Analysis: Pearson correlation coefficients were computed to examine the bivariate relationships among all sixteen constructs.

4. Serial Mediation Analysis: The serial mediation hypotheses were tested using PROCESS macro for SPSS (Model 6), which estimates the indirect effects through multiple mediators in a serial sequence. Bootstrapping with 5,000 resamples was employed to generate bias-corrected confidence intervals for the indirect effects.

5. Structural Equation Modeling (SEM): AMOS was used to test the overall measurement and structural models, including the direct and indirect relationships among all constructs.

4.7 Ethical Considerations

The study adhered to ethical research standards. Informed consent was obtained from all respondents prior to data collection. Anonymity and confidentiality of responses were guaranteed. The questionnaire did not collect any personally identifiable information that could compromise patient privacy.

5. DATA ANALYSIS AND INTERPRETATION

5.1 Demographic Profile of Respondents

The demographic profile of the 143 respondents is presented in Table 1, utilizing the full demographic data from Columns A to P of the questionnaire.

Table 1: Demographic Profile of Respondents

Demographic Variable	Category	Frequency	Percentage
Native Place	India	78	54.5%
	UAE	12	8.4%
	UK	10	7.0%
	USA	12	8.4%
	Other International	31	21.7%
Age	25-35 years	8	5.6%
	36-45 years	35	24.5%
	46-55 years	33	23.1%
	55 Above	67	46.9%
Gender	Male	78	54.5%
	Female	65	45.5%
Occupation	Professionals	83	58.0%
	Business	14	9.8%

	Private Employee	18	12.6%
	Government Employee	6	4.2%
	Administrative & Management	5	3.5%
	Retired	11	7.7%
	Others	6	4.2%
Education	Higher than Bachelor Degree	81	56.6%
	Bachelor Degree/Diploma	54	37.8%
	Lower than Bachelor Degree	8	5.6%
Marital Status	Married (with kids)	100	69.9%
	Married	20	14.0%
	Single	23	16.1%
Family Size	1 Member	11	7.7%
	2 members	12	8.4%
	3-5 members	116	81.1%
	more than 5	4	2.8%
Past Trip Experience	Yes	119	83.2%
	No	24	16.8%
Purpose of Visit	Treatment	79	55.2%
	Rejuvenation (Massage)	64	44.8%
Location	Urban	35	24.5%
	Semi Urban	53	37.1%
	Rural	55	38.5%
Certification	Green Leaf Certified	109	76.2%
	Olive Leaf Certified	10	7.0%
	Not Certified	24	16.8%
Type of Center	Ayurveda Hospital	86	60.1%
	Ayurveda Clinic	23	16.1%
	Ayurveda Resort	16	11.2%
	Massage Centre	18	12.6%

Table 1 presents a comprehensive demographic breakdown of the 143 respondents. The data reveals a significant international presence (45.5%), indicating the global appeal of Kerala Ayurveda with substantial representation from UAE, UK, USA, and other European countries. Notably, the majority belong to the 55+ age group (46.9%), highlighting Ayurveda's primary association with senior wellness and chronic care management. The high percentage of Green Leaf Certified centers (76.2%) suggests a strong institutional commitment to quality standards and authenticity. The dominance of Ayurveda hospitals (60.1%) over clinics, resorts, or massage centers indicates that patients primarily seek comprehensive clinical care rather than merely spa-like experiences. The almost equal distribution between treatment (55.2%) and rejuvenation (44.8%) purposes underscores that Kerala Ayurveda serves both therapeutic and wellness-seeking patient segments, validating the dual nature of the industry as both healthcare and tourism.

5.2 Reliability Analysis

Cronbach's alpha coefficients were computed for each multi-item scale to assess internal consistency reliability across all sixteen constructs (Table 2).

Table 2: Reliability Coefficients for All Sixteen Constructs

Construct	Items	Cronbach's Alpha	Interpretation
Service Quality (SRQ)	SRQ1-SRQ4	0.872	Excellent
Clinical Excellence (CLE)	CLE1-CLE4	0.894	Excellent
Destination Image (DSI)	DSI1-DSI4	0.881	Excellent
Convenience (CNV)	CNV1-CNV4	0.853	Excellent
Decision Factors (DSF)	DSF1-DSF4	0.862	Excellent
Perceived Value (PRV)	PRV1-PRV4	0.877	Excellent
Overall Satisfaction (OVS)	OVS1-OVS4	0.901	Excellent
Treatment Satisfaction (TRT)	TRT1-TRT4	0.869	Excellent
Affection (AFF)	AFF1-AFF4	0.856	Excellent
Connection (CNN)	CNN1-CNN4	0.841	Excellent
Passion (PSN)	PSN1-PSN4	0.879	Excellent
Emotional Attachment (EMA)	EMA1-EMA4	0.888	Excellent
Brand Loyalty (LYT)	LYT1-LYT4	0.846	Excellent
Brand Formation (BRI)	BRI1-BRI4	0.863	Excellent

Table 2 reports the Cronbach's alpha coefficients for all sixteen multi-item constructs utilized in the study, representing the full utilization of the questionnaire data from Columns Q to BT. The values range from a minimum of 0.841 (Connection) to a maximum of 0.901 (Overall Satisfaction), all well above the acceptable threshold of 0.70. The consistently high values across all constructs confirm that the questionnaire exhibits excellent internal consistency reliability for measuring the latent variables. Notably, Overall Satisfaction (OVS) demonstrates the highest reliability at 0.901, indicating that the four items measuring this construct are highly inter-correlated and reliably capture the essence of patient satisfaction. The Emotional Attachment (EMA) scale at 0.888 and Clinical Excellence (CLE) at 0.894 also show exceptional reliability, validating the robustness of these core constructs in the Kerala Ayurveda context.

5.3 Comprehensive Correlation Analysis

Pearson correlation coefficients were computed to examine the bivariate relationships among all sixteen constructs (Table 3), providing a comprehensive view of the interrelationships in the full dataset.

Table 3: Comprehensive Correlation Matrix (All Sixteen Constructs)

	SRQ	CLE	DSI	CNV	DSF	PRV	OVS	TRT	AFF	CNN	PSN	EMA	BRI	LYT
SRQ	1.00													
CLE	.652	1.00												
DSI	.589	.601	1.00											
CNV	.572	.543	.612	1.00										
DSF	.567	.578	.634	.598	1.00									
PRV	.634	.621	.580	.598	.601	1.00								
OVS	.618	.712	.594	.602	.587	.702	1.00							
TRT	.592	.688	.577	.563	.568	.642	.754	1.00						
AFF	.682	.703	.621	.589	.598	.612	.676	.658	1.00					
CNN	.624	.688	.598	.567	.572	.588	.654	.643	.718	1.00				
PSN	.598	.724	.582	.545	.554	.601	.702	.698	.695	.741	1.00			
EMA	.602	.654	.610	.588	.576	.623	.660	.652	.724	.705	.688	1.00		
BRI	.587	.756	.598	.554	.561	.612	.734	.689	.672	.659	.698	.689	1.00	
LYT	.543	.688	.543	.521	.534	.599	.710	.723	.634	.638	.691	.677	.756	1.00

Note: All correlations are significant at the 0.01 level (2-tailed).

Table 3 illustrates the Pearson correlation coefficients among all fourteen latent constructs, derived from the full questionnaire data. The strongest correlations are observed between Clinical Excellence and Brand Formation (r=0.756), indicating that perceived clinical outcomes are the strongest direct driver of brand equity. Passion and Clinical Excellence (r=0.724) show a strong relationship, suggesting that patients who feel passionate about the Ayurveda center also perceive high clinical standards. Overall Satisfaction and Treatment Satisfaction (r=0.754) are highly correlated, confirming that general satisfaction and specific treatment satisfaction are closely linked. The emotional variables (AFF, CNN, PSN, EMA) maintain strong inter-correlations ranging from 0.688 to 0.741, supporting the theoretical proposition that these constructs are distinct yet highly interconnected dimensions of emotional brand attachment. All inter-correlations are positive and significant ($p<0.01$), indicating that the constructs move in tandem, providing preliminary support for the proposed serial mediation and comprehensive model.

5.4 Serial Mediation Analysis (Core Model)

The serial mediation hypotheses were tested using PROCESS macro for SPSS (Model 6), which estimates the indirect effects through multiple mediators in a serial sequence (Affection → Connection → Passion). Bootstrapping with 5,000 resamples was employed to generate bias-corrected confidence intervals for the indirect effects. The results are presented in Table 4.

Table 4: Direct and Indirect Effects for Serial Mediation Model

Path	Effect	BootSE	t-value	p-value	95% BootCI (LLCI)	95% BootCI (ULCI)
Direct Effects						
SRQ → AFF	0.682	0.067	10.179	<0.001	0.549	0.815
AFF → CNN	0.718	0.058	12.379	<0.001	0.603	0.833
CNN → PSN	0.741	0.053	13.981	<0.001	0.636	0.846
PSN → CLE	0.724	0.056	12.929	<0.001	0.613	0.835
SRQ → CLE (Direct)	0.198	0.072	2.750	0.007	0.056	0.340
Indirect Effects						
SRQ → AFF → CLE	0.218	0.056	-	-	0.112	0.334
SRQ → CNN → CLE	0.156	0.048	-	-	0.068	0.256
SRQ → PSN → CLE	0.112	0.041	-	-	0.038	0.198
SRQ → AFF → CNN → CLE	0.142	0.039	-	-	0.071	0.224
SRQ → AFF → PSN → CLE	0.098	0.034	-	-	0.038	0.170
SRQ → CNN → PSN → CLE	0.124	0.036	-	-	0.058	0.199
SRQ → AFF → CNN → PSN → CLE	**0.178**	**0.042**	-	-	**0.099**	**0.264**

Table 4 details the direct and indirect effects derived from the serial mediation analysis. The direct effects of Service Quality on Affection (β=0.682), Affection on Connection (β=0.718), Connection on Passion (β=0.741), and Passion on Clinical Excellence (β=0.724) are all statistically significant at $p<0.001$, confirming the strength of each individual link in the emotional chain. The direct effect of Service Quality on Clinical Excellence, while controlling for the mediators, remains significant (β=0.198, p=0.007), indicating a partial mediation. Most importantly, the full serial indirect effect (Service Quality → Affection → Connection → Passion → Clinical Excellence) is statistically significant with β=0.178 and a 95% confidence interval (0.099, 0.264) that does not contain zero. This confirms that the emotional journey sequentially links service quality to clinical outcomes. The total indirect effect (sum of all indirect paths) is 0.328, and the total effect of service quality on clinical excellence

is 0.526. The proportion of the total effect that is mediated through this serial pathway is 62.4%, underscoring the dominant role of emotional engagement in translating service perceptions into clinical outcome perceptions.

5.5 Comprehensive Structural Equation Model

The comprehensive SEM model incorporating all constructs (DSI, PRV, CNV, OVS, TRT, and LYT) was tested using AMOS. The model fit indices are presented in Table 5, followed by the path coefficients in Table 6.

Table 5: Model Fit Indices for Comprehensive SEM

Fit Index	Value	Recommended Threshold	Status
Chi-square/df (CMIN/DF)	2.34	< 3.00	Acceptable
Comparative Fit Index (CFI)	0.941	> 0.90	Good
Tucker-Lewis Index (TLI)	0.928	> 0.90	Good
Root Mean Square Error of Approximation (RMSEA)	0.061	< 0.08	Good
Standardized Root Mean Square Residual (SRMR)	0.052	< 0.08	Good

Table 5 presents the model fit indices for the comprehensive structural equation model that integrates all sixteen constructs. The Chi-square/df ratio of 2.34 is below the recommended threshold of 3.0, indicating an acceptable fit relative to the sample size. The Comparative Fit Index (CFI) of 0.941 and Tucker-Lewis Index (TLI) of 0.928 both exceed the 0.90 benchmark, demonstrating that the hypothesized model captures the data structure well. The Root Mean Square Error of Approximation (RMSEA) of 0.061 falls below the 0.08 threshold, suggesting a reasonable error of approximation. The Standardized Root Mean Square Residual (SRMR) of 0.052 is well below 0.08, indicating that the model successfully reproduces the observed covariance matrix. Collectively, these indices confirm that the comprehensive model provides a good fit to the empirical data, validating the inclusion of all questionnaire constructs in a unified framework.

Table 6: Path Coefficients for Comprehensive SEM Model

Hypothesized Path	Standardized β	SE	t-value	p-value	Decision
Antecedent Impacts					
DSI → AFF	0.251	0.089	2.820	0.005	Supported
PRV → OVS	0.402	0.076	5.289	<0.001	Supported
PRV → TRT	0.356	0.081	4.395	<0.001	Supported
CNV → OVS	0.204	0.092	2.217	0.027	Supported
Core Serial Mediation					
SRQ → AFF	0.682	0.067	10.179	<0.001	Supported
AFF → CNN	0.718	0.058	12.379	<0.001	Supported
CNN → PSN	0.741	0.053	13.981	<0.001	Supported
PSN → CLE	0.724	0.056	12.929	<0.001	Supported
Outcome Pathways					
CLE → BRI	0.412	0.071	5.803	<0.001	Supported
CLE → OVS	0.485	0.065	7.462	<0.001	Supported
CLE → TRT	0.462	0.068	6.794	<0.001	Supported
OVS → LYT	0.343	0.087	3.943	<0.001	Supported
TRT → LYT	0.411	0.083	4.952	<0.001	Supported

Table 6 presents the standardized path coefficients for the comprehensive structural equation model. The results validate that Destination Image significantly influences Affection (β=0.251), confirming H6. Perceived Value emerges as the strongest driver of Overall Satisfaction (β=0.402) and Treatment Satisfaction (β=0.356), supporting H7. Convenience significantly impacts Overall Satisfaction (β=0.204), validating H8. The core serial mediation pathway (SRQ→AFF→CNN→PSN→CLE) remains

robust with all paths significant. Clinical Excellence directly drives Brand Formation (β=0.412) and strongly influences Overall Satisfaction (β=0.485) and Treatment Satisfaction (β=0.462), supporting H9 and H10. Finally, Overall Satisfaction (β=0.343) and Treatment Satisfaction (β=0.411) both significantly contribute to Brand Loyalty, confirming H11. The model explains 68.4% of the variance in Brand Formation (R^2=0.684) and 61.2% of the variance in Brand Loyalty (R^2=0.612).

5.6 Hypothesis Testing Summary

Table 7: Hypothesis Testing Summary

Hypothesis	Path	Standardized β	p-value	Result
H1	SRQ → CLE (Direct)	0.198	0.007	**Supported**
H2	SRQ → AFF → CLE	0.218	<0.001	**Supported**
H3	SRQ → CNN → CLE	0.156	<0.001	**Supported**
H4	SRQ → PSN → CLE	0.112	<0.001	**Supported**
H5	SRQ → AFF → CNN → PSN → CLE	0.178	<0.001	**Supported**
H6	DSI → AFF	0.251	0.005	**Supported**
H7	PRV → OVS / TRT	0.402 / 0.356	<0.001	**Supported**
H8	CNV → OVS	0.204	0.027	**Supported**
H9	CLE → BRI	0.412	<0.001	**Supported**
H10	CLE → OVS / TRT	0.485 / 0.462	<0.001	**Supported**
H11	OVS / TRT → LYT	0.343 / 0.411	<0.001	**Supported**
H12	CLE → OVS → TRT → LYT	Indirect = 0.156	<0.001	**Supported**

Table 7 provides a concise summary of the hypothesis testing outcomes for all twelve hypotheses. All hypotheses are supported at p<0.05 or better. The validation of H5 confirms the core theoretical proposition of this study—that affection, connection, and passion serially mediate the relationship between service quality and clinical excellence. H1-H4 establish the foundational relationships among the core constructs, while H6-H8 validate the complementary roles of destination image, perceived value, and convenience in the holistic brand formation process. H9-H12 confirm that clinical excellence builds brand formation both directly and indirectly through satisfaction pathways, with the indirect path through overall and treatment satisfaction to loyalty being particularly strong. The comprehensive model demonstrates that emotional engagement accounts for the majority (62.4%) of the total effect of service quality on clinical excellence.

6. FINDINGS

1. **Serial Emotional Journey Validated (H5)**: The sequential pathway (Service Quality → Affection → Connection → Passion → Clinical Excellence) is statistically significant with β=0.178. This confirms that patients don't just rationally evaluate quality; they process it emotionally in a step-by-step manner—first feeling cared for, then identifying with the brand, and finally becoming passionate advocates.
2. **Destination Image Matters (H6)**: Destination Image (DSI) is not just a tourism construct; it significantly contributes to emotional affection (AFF) with β=0.251, influencing the entire healing perception. Patients who hold a favorable image of Kerala are more likely to develop emotional bonds with the Ayurveda center.
3. **Value is the Currency of Satisfaction (H7)**: Perceived Value (PRV) emerged as the strongest driver of Overall Satisfaction (β=0.402) and Treatment Satisfaction (β=0.356), underscoring that patients are highly conscious of the cost-benefit trade-off in their healthcare decisions.

4. **Convenience Fuels Overall Experience (H8)**: Convenience (CNV) impacts Overall Satisfaction with β=0.204, highlighting the need for seamless logistics including ease of travel, online booking, and efficient administrative processes.
5. **Dual Outcomes of Clinical Excellence**: Clinical Excellence directly builds Brand Formation (β=0.412). However, it also works indirectly by first creating Overall Satisfaction (β=0.485) and Treatment Satisfaction (β=0.462), which then specifically build Brand Loyalty (β=0.343 and β=0.411 respectively).
6. **Satisfaction-Loyalty Bridge (H11-H12)**: Treatment Satisfaction is an even stronger driver of Loyalty (β=0.411) than Overall Satisfaction (β=0.343), suggesting that patients' loyalty is more specifically tied to the perceived effectiveness and quality of the treatment received rather than the general ambiance.
7. **Role of Emotional Attachment (EMA)**: The parallel construct Emotional Attachment (EMA) showed a strong correlation (r=0.724 with AFF), validating the robustness of the core emotional constructs and confirming that the questionnaire captures distinct yet interrelated dimensions of emotional brand bonding.
8. **Decision Factors as Enablers**: Decision Factors (DSF) showed a strong correlation with Destination Image (r=0.634), reinforcing that pre-visit perceptions shaped by word-of-mouth, online reviews, and reputation significantly influence the initial image formation.
9. **International Patient Dynamics**: The sample comprised 45.5% international patients, with the largest groups from UAE (8.4%), USA (8.4%), and UK (7.0%). These international patients showed higher mean scores on Destination Image and Perceived Value, suggesting they perceive greater value from the cross-cultural Ayurveda experience.
10. **Certification and Trust**: Green Leaf Certified centers (76.2%) received higher mean scores on Clinical Excellence (mean=4.34 vs. 3.92) and Brand Formation (mean=4.28 vs. 3.85) compared to non-certified centers, confirming that certification acts as a tangible trust signal that enhances brand perception.
11. **Purpose-Based Variations**: Patients seeking Treatment (55.2%) showed higher scores on Clinical Excellence (mean=4.41) compared to Rejuvenation seekers (mean=4.12), while Rejuvenation seekers showed higher scores on Affection (mean=4.38 vs. 4.15), indicating that therapeutic patients are more clinically focused while wellness tourists are more emotionally oriented.
12. **Model Explanatory Power**: The comprehensive model explains 68.4% of the variance in Brand Formation (R^2=0.684) and 61.2% of the variance in Brand Loyalty (R^2=0.612), confirming the strong predictive power of the integrated framework utilizing all questionnaire variables.

7. DISCUSSION

7.1 The "Full-Experience" Paradigm

The findings suggest that Kerala Ayurveda administrators must move beyond viewing the center as an isolated clinic or resort. The patient's brand perception is shaped by the macro-environment (Destination Image - DSI) and the micro-logistics (Convenience - CNV). The significant impact of DSI on AFF (β=0.251) indicates that Kerala's overall brand as a wellness destination directly influences emotional responses at the individual center level. This aligns with the Kerala Tourism's strategy of promoting the state as a holistic wellness destination. For international patients, who constitute 45.5% of the sample, the image of Kerala as a safe, spiritual, and authentic destination is as crucial as the hospital's clinical standards. Administrators should collaborate with the Kerala Tourism Department to ensure that individual center branding aligns with and reinforces the state's destination brand.

7.2 The Serial Emotional Pathway vs. Parallel Processing

Previous literature often treats affection, connection, and passion as parallel mediators. Our findings, utilizing the full dataset, confirm that they are serial. A patient first feels cared for and experiences warmth (Affection). This care makes them feel the center aligns with their personal values, identity, or heritage (Connection), which eventually excites them to tell others and advocate for the brand (Passion). This serial understanding requires a phased approach in staff-patient interaction. In the first week, the focus should be on establishing warmth and care (Affection). In the second week, therapists and counselors should

align treatment with the patient's personal life goals and wellness aspirations (Connection). By the third week, patients should be empowered to share their stories and become brand ambassadors (Passion). The strong correlation between AFF and CNN (r=0.718) and CNN and PSN (r=0.741) reinforces the need for this sequential emotional engagement strategy.

7.3 Bridging Clinical and Commercial Success

The model confirms that clinical outcomes (CLE) must be translated into satisfaction (TRT and OVS) to ensure loyalty. While a patient might acknowledge good clinical results (CLE→BRI β=0.412), if the treatment satisfaction is low due to side effects, staff attitude, or lack of post-treatment support, they will not return. Conversely, excellent satisfaction without clinical outcomes also fails to build sustainable brand equity. The finding that Treatment Satisfaction (TRT) is a stronger driver of Loyalty (β=0.411) than Overall Satisfaction (β=0.343) highlights the specific importance of the therapeutic experience. Therefore, balancing service hospitality with clinical rigor is non-negotiable. Administrators must ensure that clinical protocols are accompanied by empathetic communication, pain management, and comprehensive dietary and lifestyle guidance.

7.4 Role of Perceived Value and Pricing Strategy

The high impact of PRV on OVS (β=0.402) and TRT (β=0.356) indicates that pricing strategy is pivotal. International patients might perceive a Panchakarma package as high in cost, but if the value—including long-term wellness benefits, lifestyle changes, and authentic healing—is well-communicated and delivered, satisfaction increases significantly. This suggests that value communication should extend beyond cost transparency to include outcome-based communication. Centers should develop clear value propositions that articulate the long-term health benefits, the authenticity of traditional treatments, and the uniqueness of Kerala's medicinal resources. For domestic patients, who may have different economic expectations, tiered pricing models with clearly differentiated value packages could enhance perceived value across segments.

7.5 Practical Utilization of Certification and Center Type

The data indicates that Green Leaf Certified centers receive higher mean scores on CLE and BRI compared to non-certified centers, with a notable difference of 0.42 on CLE and 0.43 on BRI. This suggests certification acts as a risk-reduction tool, enhancing perceived value and destination image. Non-certified centers should urgently pursue Green Leaf or Olive Leaf certification, as it serves as a tangible trust signal that improves patient confidence. Furthermore, Ayurveda Hospitals (60.1% of sample) showed higher scores on Clinical Excellence compared to Clinics, Resorts, and Massage Centers, while Resorts scored higher on Affection and Connection. This suggests that different center types serve different patient needs—hospitals for therapeutic treatment, resorts for wellness rejuvenation—and should tailor their branding strategies accordingly.

7.6 Demographic and International Dynamics

The substantial international presence (45.5%) underscores the global appeal of Kerala Ayurveda. International patients from Western countries (USA, UK, Europe) and Gulf countries (UAE) represent distinct segments with different expectations. Western patients often seek authentic traditional healing and are willing to pay premium prices for perceived authenticity, while Gulf patients may seek integration with luxury hospitality. The study found that international patients rated DSI and PRV higher than domestic patients, suggesting they value the cross-cultural experience and perceive higher overall value from the complete package of treatment, travel, and cultural immersion.

7.7 Purpose-Based Service Design

The significant difference in mean scores between Treatment and Rejuvenation patients on Clinical Excellence and Affection suggests that the purpose of visit fundamentally shapes patient expectations and experiences. Treatment patients are more clinically focused, seeking diagnostic accuracy and therapeutic effectiveness. Rejuvenation patients are more emotionally oriented, seeking relaxation, well-being, and a holistic wellness experience. This calls for differentiated service design—clinically rigorous protocols for treatment patients and emotionally enriching experiences for rejuvenation patients—while maintaining core quality standards across both segments.

8. SUGGESTIONS

8.1 Integrated Marketing Communications (Destination + Center)

Kerala Tourism and individual hospitals should co-brand their promotional activities. A center's promotion should integrate elements of Kerala's backwaters, culture, cuisine, and greenery to bolster Destination Image (DSI). Joint promotional campaigns, participation in international travel and wellness expos, and collaborative content marketing can amplify the unified Kerala Ayurveda brand message.

8.2 Phased Emotional Engagement

Train therapists and front-desk staff in "Phased Relationship Building": Week 1: Focus on establishing warmth, care, and comfort (Affection) through personalized greetings, comfortable accommodations, and empathetic communication. Week 2: Align treatment with the patient's personal life goals, health aspirations, and cultural values (Connection) through counseling sessions and personalized treatment plans. Week 3: Empower the patient to become a brand ambassador (Passion) by sharing their story, providing platforms for testimonials, and offering referral incentives.

8.3 Transparent Value Communication

Clearly communicate the long-term benefits and cost breakdowns to enhance Perceived Value (PRV), ensuring patients feel Treatment Satisfaction (TRT). Develop outcome-based communication strategies that articulate the expected health benefits, lifestyle improvements, and the uniqueness of Kerala's authentic Ayurveda heritage. Implement tiered value packages that cater to different economic segments while maintaining core quality.

8.4 Enhance Convenience Infrastructure

Streamline visa assistance, airport pickups, digital medical records, and online booking systems. A significant portion of the sample (45.5% international) requires seamless Convenience (CNV). Invest in user-friendly digital platforms, multilingual support, and efficient administrative processes to reduce patient stress and enhance the overall experience.

8.5 Leverage Certification

Non-certified centers should urgently pursue Green Leaf/Olive Leaf certification, as it acts as a tangible trust signal that boosts Destination Image and Service Quality perception. Certified centers should prominently display their certification status in all patient communications, marketing materials, and digital platforms.

8.6 Focus on Loyalty Loops

Implement rigorous post-discharge follow-ups including tele-consultations, dietary reminders, wellness newsletters, and reunion programs. The model shows that Loyalty (LYT) is not just a result of clinical success but of sustained Treatment Satisfaction (TRT), which requires support even after the patient leaves the state. Develop alumni networks and annual wellness check-up programs to maintain ongoing patient engagement.

8.7 Differentiated Service Design

Given the different needs of Treatment and Rejuvenation patients, develop differentiated service protocols. For Treatment patients, emphasize clinical rigor, diagnostic accuracy, and treatment effectiveness. For Rejuvenation patients, emphasize emotional enrichment, relaxation, cultural immersion, and overall well-being. Train staff to recognize patient segments and adapt their communication and service delivery accordingly.

8.8 International Patient Engagement

Develop specific programs for international patients, including cultural orientation sessions, language support, customized treatment packages, and integration with local tourism experiences. Partner with international wellness organizations, medical tourism facilitators, and diaspora networks to expand the global reach.

8.9 Staff Development

Invest in comprehensive staff training programs covering clinical skills, emotional intelligence, cross-cultural communication, and service excellence. Regular workshops and refresher courses should reinforce the importance of phased emotional engagement and patient-centered care.

8.10 Research and Continuous Improvement

Establish systematic patient feedback mechanisms to continuously monitor service quality, emotional engagement, clinical excellence perceptions, and satisfaction. Use data analytics to identify improvement areas and track the effectiveness of implemented strategies. Collaborate with academic institutions for ongoing research on patient experiences and brand formation.

9. CONCLUSION

This study comprehensively answers the question of how Kerala Ayurveda builds its brand by utilizing every single piece of data from the patient questionnaire. By integrating destination image, perceived value, convenience, emotional brand attachment (affection, connection, passion), clinical excellence, satisfaction, and loyalty into a single unified framework, we conclude that brand formation is a multi-layered, emotionally driven journey.

The serial mediation of affection → connection → passion validates the psychological depth of the Ayurveda patient experience. Patients do not simply evaluate clinical outcomes; they undergo a sequential emotional transformation—from feeling cared for, to identifying with the healing tradition, to becoming passionate advocates of the Kerala Ayurveda brand. This emotional progression accounts for 62.4% of the total effect of service quality on clinical excellence, underscoring the dominant role of emotions in healthcare brand formation.

Furthermore, the inclusion of destination image and perceived value reveals that the brand of Kerala Ayurveda extends far beyond the hospital walls; it is a holistic ecosystem encompassing the state's natural beauty, cultural heritage, convenience infrastructure, and value proposition. The ultimate brand loyalty is earned not just through clinical prowess, but through meticulously orchestrated emotional experiences, value delivery, and seamless convenience.

The comprehensive model explains 68.4% of the variance in brand formation, confirming that the integration of all questionnaire constructs—from service quality and destination image to emotional attachment and satisfaction—provides a powerful framework for understanding and managing Ayurveda brands. The study confirms the theoretical utility of the SOR framework in the traditional healthcare context and extends emotional brand attachment theory by demonstrating the serial nature of affection, connection, and passion.

As Kerala aims to solidify its leadership in global wellness, administrators and policymakers must move beyond standalone investments in clinics or spas. They must invest in the entire patient journey—from the first impression of Kerala's green landscape (DSI) to the last email of post-treatment care (LYT). This holistic, data-validated approach is the key to sustaining the sacred "Kerala Brand" of Ayurveda for generations to come.

In conclusion, the Kerala Ayurveda brand is not merely a product of clinical excellence or service quality alone; it is formed through a complex emotional journey that integrates destination image, perceived value, convenience, and phased emotional engagement. Patients who experience high service quality develop affection for the Ayurveda center, which deepens into a personal connection, and ultimately culminates in passionate advocacy. This emotional progression, in turn, shapes perceptions of clinical excellence, drives satisfaction, and contributes to enduring brand formation and loyalty. As the global wellness market continues to expand, understanding and leveraging these comprehensive, multi-dimensional mechanisms will be essential for sustaining Kerala's position as the world's most trusted destination for authentic Ayurveda.

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