Journal of Business, Social and Technology
Volume 7, Issue 4, 1960-1970
e_ISSN: 2807-6362
https://bustechno.polteksci.ac.id/index.php/jbt/index
DOI: doi.org/10.59261/bustechno.v7i4.800

Branding Agency for Building a Consistent Digital Image of Healthcare Facilities in the Digital Era

Aninthiasari*
Universitas Pendidikan Nasional, Indonesia

Desak Made Febri Purnama Sari
Universitas Pendidikan Nasional, Indonesia

***Corresponding author:**
Aninthiasari, Universitas Pendidikan Nasional, Indonesia.
✉Aninthiasari0110@gmail.com

Article Info:
Article history:
Received: July 18, 2026
Revised: September 05, 2026
Accepted: September 07, 2026
Available Online: September 21, 2026

Keywords:
Branding Agency; Healthcare Industry; Digital Image; Health Communication; Business Feasibility; Marketing Strategy.

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Abstract

Background: Digital transformation is driving healthcare facilities to establish a consistent and accessible public image. However, many hospitals and clinics, particularly in nonmetropolitan areas.
Objective: This study aims to assess the strategic development potential and preliminary business feasibility of a branding agency specifically serving healthcare facilities.
Methods: This study used an exploratory, descriptive mixed-methods approach, with qualitative analysis as the primary method and a preliminary financial assessment as supporting analysis. Data were collected through semistructured interviews, observations of healthcare facilities' digital media, and documentation, and were analyzed using PESTLE analysis, SWOT analysis, Porter's Five Forces, the VRIO framework, and the Value Proposition Canvas.
Results: The results indicate that there is a market opportunity for a healthcare branding agency due to the increasing need for digitalization, the limited number of agencies specializing in healthcare communication, and the high demand among healthcare facilities for brand identity development, educational content, and digital reputation management. The business's competitive advantages lie in its understanding of healthcare communication regulations, humanistic approach, creative capabilities, and use of data-driven strategies. Nevertheless, the business faces challenges such as limited multidisciplinary human resources, price competition, the need to educate potential clients, and the risk of violating healthcare promotion ethics.
Conclusion: Overall, a branding agency specializing in the healthcare industry has the potential to be developed as a strategic partner to help healthcare facilities build a consistent, professional, and trustworthy digital image. Future research should incorporate comprehensive market validation and definitive financial analysis to strengthen the feasibility assessment.

To cite this article: Aninthiasari, & Sari, D. M. F. P. (2026). Branding agency for building a consistent digital image of healthcare facilities in the digital era. *Journal of Business, Social and Technology, 7*(4), 1960–1970. https://doi.org/10.59261/bustechno.v7i4.800

INTRODUCTION

Digital transformation has changed the way people obtain information, communicate, and make decisions regarding various products and services, including healthcare services. Based on the 2024 Indonesian Internet Penetration Survey, the number of internet users in Indonesia reached approximately 221.56 million, or 79.5% of the total population. This high level of connectivity has made people increasingly accustomed to searching for information about

hospitals, clinics, healthcare professionals, facilities, costs, and patient experiences through websites and social media before deciding which healthcare facility to use (APJII, 2024; Haryanto, 2024).

Social media now functions not only as a means of interaction but also as a source of health information for the public. Through social media, people can obtain health education, search for healthcare providers, share experiences, gain support from communities, and communicate with healthcare institutions. Chen and Wang (2021) and Ahmed et al. (2024) found that social media is widely used by the public, healthcare workers, researchers, and healthcare institutions for various health-related purposes. Farsi et al. (2022) also explain that the public, particularly younger generations, increasingly relies on the internet and social media to search for health information, healthcare facilities, and other patients' experiences.

This change in public behavior requires healthcare institutions not only to provide quality medical services but also to communicate information professionally, consistently, clearly, and credibly. A healthcare institution's presence on social media can help disseminate health education, strengthen public health campaigns, increase patient engagement, and build institutional reputation. However, its effectiveness is greatly influenced by the consistency of publication, information quality, identity consistency, and interaction with the public (AlHussainan et al., 2022; Alsaleh et al., 2025).

On the other hand, the widespread use of digital media is also accompanied by an increased risk of spreading false health information. The *Kementerian Komunikasi dan Informatika* reported that it had handled 12,547 hoax issues from August 2018 through the end of 2023, including 1,615 issues handled throughout 2023 (KOMDIGI, 2024). A study by Borges do Nascimento et al. (2022) shows that health misinformation on digital media can affect knowledge, attitudes, health behaviors, and public trust in healthcare institutions and professionals.

This condition confirms that healthcare institutions need to establish themselves as credible sources of information in the digital space. Published health information must demonstrate high levels of accuracy, credibility, relevance, transparency, and reliability. Ghalavand and Nabiolahi (2024) found that accuracy, credibility, and reliability are among the most important criteria for assessing the quality of health information on social media. Kington et al. (2021) and Burstin et al. (2023) also emphasize that credible health information sources need to demonstrate a scientific basis, transparency, accountability, and mechanisms for correcting misinformation.

In this context, branding is no longer limited to the use of logos, colors, slogans, and promotional materials but encompasses the entire identity, communication, reputation, and experience perceived by the public when interacting with healthcare institutions. Consistently managed branding can help the public recognize the identity of healthcare facilities, understand their service advantages, and form perceptions of institutional credibility. In the healthcare industry, which is characterized by high levels of risk and information asymmetry, trust in a brand is an important consideration in patients' decisions when choosing a healthcare facility.

Hariyanti et al. (2024) found that brand trust is an important dimension of competition in the healthcare industry. Strengthening hospital branding can create positive value for service reputation and encourage patient loyalty. These findings indicate that the image of healthcare institutions is formed not only through promotional messages but also through alignment among the communicated identity, patient experience, service quality, and the institution's ability to fulfill its service promises.

Social media marketing activities are also related to the formation of brand awareness, brand image, trust, and hospital brand equity. Dzakiyya and Hati (2024) found that social media marketing activities affect brand awareness, brand image, and patient trust. Trust and brand equity subsequently influence patients' intention to visit a hospital. These results show that strategic social media management is not sufficient merely to increase the number of followers; rather, it needs to be directed toward building trust and developing long-term relationships with patients.

Although the need for digital branding is increasing, its utilization by healthcare facilities has not yet been fully optimized. Some hospitals and clinics, particularly in nonmetropolitan areas, still rely on conventional promotional media such as brochures, banners, and print advertisements. Meanwhile, social media accounts and websites are not always managed

systematically or strategically. Common problems include low publication frequency, inconsistent visual identity, incomplete service information, overly promotional content, and limited responses to public inquiries.

Similar problems were identified through initial observations of a number of private hospitals in East Nusa Tenggara, Sulawesi, South Kalimantan, and several areas of Bali, particularly Klungkung and Jembrana. Some official healthcare facility accounts are inactive or rarely updated, lack campaigns specifically designed to introduce facilities and services, and do not adequately respond to public comments and questions. As a result, people living in the surrounding areas may not necessarily be aware of these facilities' existence, capacity, and service advantages. This phenomenon indicates that the problems faced are related not only to medical service quality but also to limited visibility and weak digital image management strategies.

Good service quality must be supported by an institution's ability to communicate the value and experience associated with its services to the public. Rauf et al. (2024) explain that healthcare service quality affects patient satisfaction and the intention to reuse healthcare services. In Indonesia, the commitment to service quality is also reflected in *Peraturan Menteri Kesehatan Nomor 30 Tahun 2022*, which regulates national quality indicators for independent practices, clinics, community health centers, hospitals, medical laboratories, and blood transfusion units (Kementerian Kesehatan Republik Indonesia, 2022).

Branding management in the healthcare sector presents complexities that differ from those of other business sectors. Communication materials must consider the accuracy of medical information, patient privacy, professional ethics, data protection, consent for the use of patient documentation, and regulations governing healthcare promotion. Communication that is overly commercial may reduce institutional credibility, whereas communication that is overly technical may be difficult for the public to understand. Therefore, healthcare branding strategies must combine creativity, empathy, medical knowledge, accessible communication, and regulatory compliance. Farsi et al. (2022) emphasize that the use of social media in healthcare can provide benefits but also involves ethical, legal, and professional risks that must be understood by healthcare institutions and professionals.

Not all healthcare facilities have adequate internal resources to manage these needs. Establishing a professional communication team requires brand strategists, graphic designers, content writers, photographers, social media managers, and personnel with expertise in health communication. On the other hand, generalist agencies may lack sufficient understanding of patient characteristics, medical terminology, professional ethics, and the boundaries of healthcare promotion. This condition indicates a need for a branding agency with specialized expertise in the healthcare industry.

A healthcare branding agency can act as a strategic partner in helping hospitals and clinics formulate brand identities, establish service positioning, develop communication strategies, produce educational content, manage social media, and evaluate the effectiveness of digital communication. The presence of a specialized agency can also help healthcare institutions present messages that are more human-centered and easier to understand without compromising information accuracy. This approach is particularly relevant for small and medium-sized healthcare facilities that do not yet have an internal professional communication team.

Although a number of studies have discussed the use of social media, digital marketing, brand image, and patient trust, studies on the development of a branding agency business model specifically serving healthcare facilities remain relatively limited. Most studies focus on the influence of digital marketing on patient behavior or social media management by hospitals. Few studies have integrated healthcare communication needs, business feasibility, strategic resources, competitive conditions, and value propositions into the development of a branding agency specifically for the healthcare industry.

Based on this gap, this study aims to assess the strategic development potential and preliminary business feasibility of a branding agency focused on healthcare facilities as a solution for building a consistent digital image. The analysis considers the macroenvironment through PESTLE analysis, internal and external conditions through SWOT analysis, the competitive structure using Porter's Five Forces, strategic resources through the VRIO framework, and the alignment between customer needs and the services offered through the Value Proposition Canvas. Through this integrated analysis, the study seeks to formulate a professional, ethical, and

technology-adaptive business model for healthcare branding services.

METHOD

This study used a descriptive-exploratory approach with mixed methods, with qualitative analysis serving as the primary approach and quantitative analysis providing supporting evidence. The research focused on the development of a branding agency serving hospitals, clinics, and other healthcare facilities. Primary data were obtained through semi-structured interviews with informants from the creative industry and from marketing or communications management within healthcare facilities. Informants were recruited based on their experience, involvement, and knowledge of branding, digital communication, or healthcare service management. In addition to interviews, data were collected through nonparticipant observations of healthcare facility social media accounts and websites, particularly regarding the consistency of visual identity, publication frequency, content quality, completeness of service information, and responses to the public. Secondary data were obtained from scientific literature, government regulations, industry reports, and documents related to digitalization and healthcare branding.

Interview data were analyzed thematically through the processes of transcription, coding, theme grouping, data presentation, and conclusion drawing. The research findings were subsequently analyzed using PESTLE to identify macroenvironmental conditions, SWOT to map strengths, weaknesses, opportunities, and threats, and Porter's Five Forces to assess the level of competition within the industry. The VRIO framework was used to identify resources that are valuable, rare, costly to imitate, and supported by the organization, while the Value Proposition Canvas was used to align the needs, problems, and expected benefits of potential clients with the services offered by the agency (Barney, 1991; Iriarte et al., 2023; Osterwalder et al., 2014) .

A preliminary financial assessment was conducted based on the available information concerning initial investment requirements, operating costs, revenue projections, profit and loss, and cash flow. The available projections were used to estimate the payback period, while definitive Net Present Value (NPV), Internal Rate of Return (IRR), and break-even point (BEP) calculations could not yet be finalized because definitive cash flow figures were unavailable. Accordingly, the financial assessment was interpreted as preliminary rather than as a final determination of business feasibility. Data validity was maintained through source and method triangulation by comparing interview results, observations, and documentation. The research process adhered to informed-consent procedures, maintained the confidentiality of informants' identities and privacy, and did not use patients' personal medical information.

RESULTS AND DISCUSSION

Digital Branding Conditions of Healthcare Facilities

The results of document analysis and initial observations show that digital branding management in several healthcare facilities has not been carried out optimally. Observations of several private hospitals in East Nusa Tenggara, Sulawesi, South Kalimantan, and the Klungkung and Jembrana areas of Bali revealed relatively similar problem patterns. A number of official healthcare facility social media accounts were inactive or rarely updated. These accounts did not have consistent publication schedules and did not present complete information about facilities and services. Furthermore, responses to comments, messages, and public inquiries were still limited.

These findings indicate that the main problem faced by healthcare facilities is not always related to the quality of medical services but also to the institutions' inability to communicate this quality to the public. Healthcare facilities may have adequate medical personnel, equipment, and services but remain relatively unknown if information about these advantages is not conveyed in a planned manner. Low levels of digital activity make it difficult for the public to obtain information about service types, physician schedules, specialized facilities, registration procedures, and service locations.

Inconsistency in visual identity was also identified as a problem in digital communication management. The use of changing colors, logos, fonts, visual styles, and communication language makes institutional identities difficult to recognize. Such conditions can reduce perceived professionalism and hinder the formation of brand awareness. From Aaker (1996) and Feng (2025) perspective, identity consistency is one of the foundations for building brand awareness

and brand associations. Therefore, digital branding must be understood as part of an organizational strategy, not merely as a content production activity.

Market Needs for a Health Branding Agency

Market research results indicate a need for branding services capable of understanding the characteristics of the healthcare industry. Some small and medium-sized healthcare facilities do not yet have specialized teams with expertise in brand strategy, visual communication design, social media management, content production, data analysis, and healthcare promotion regulations. Digital media management is usually delegated to administrative staff or other employees who do not specifically possess competencies in communication and marketing.

Market needs are not limited to design creation or social media management. Healthcare facilities need partners capable of formulating brand identity, determining service positioning, simplifying medical information, maintaining communication ethics, and measuring campaign effectiveness. Thus, business opportunities do not lie in the quantity of content produced but rather in the agency's ability to provide credible, humanistic communication solutions that are appropriate to patient characteristics.

Changes in public behavior also reinforce this need. People are increasingly accustomed to searching for information about healthcare facilities through search engines, social media, websites, and online reviews before choosing healthcare services. Institutions that are easy to find and provide clear information have a greater chance of gaining public attention. This makes digital visibility, information credibility, and response speed important components of the patient experience before healthcare services are used.

These observational findings indicate that the digital branding gap is not limited to content production but also concerns the organizational capacity required to manage digital communication consistently. The observed limitations in publication frequency, service information, visual consistency, and responses to public inquiries reinforce the need for more structured digital communication management within healthcare facilities.

Business Environment Analysis Results

The PESTLE analysis results show that the development of a health branding agency is influenced by six macroenvironmental factors.

Table 1

PESTLE analysis results

Factor	Analysis Results	Implications for Business
Political	Government encourages digitalization and integration of health information	Opens opportunities for digital communication services supporting the health transformation agenda
Economic	Creative and health industries have growth opportunities, but client marketing budgets can be affected by economic conditions	Agency needs to provide flexible service packages appropriate to the capacity of healthcare facilities
Social	Increased health awareness and habits of searching for information digitally	Content needs to be educational, empathetic, and easy to understand
Technological	Development of AI, SEO, social media analytics, and marketing automation accelerates marketing processes	Agency can provide data-based services and periodic performance measurement
Legal	Health promotion is limited by professional ethics, data protection, and medical service promotion regulations	Understanding of regulations becomes a differentiation element and risk control
Environmental	Increased attention to environmental health and sustainability	Campaigns can promote social programs, public health, and environmentally friendly practices

These results indicate that the external environment generally supports business development. The push for digitalization, increased health awareness, and technological developments create broad market opportunities. However, these opportunities are accompanied by high compliance requirements. Agencies cannot use the same communication approach as those used in the food, fashion, or entertainment sectors because health-related messages concern safety, privacy, and public medical decision-making.

The legal aspect is one of the most significant determining factors. Agencies must ensure that content does not contain excessive medical claims, is not misleading, does not violate patient privacy, and does not use patient documentation without appropriate consent. Therefore, the ability to understand the boundaries of healthcare promotion can be an advantage that differentiates specialized health agencies from general agencies.

SWOT Analysis Results

The SWOT analysis shows that the business has a fairly strong position, although it requires further strengthening of its resources and organizational systems.

Table 2

SWOT analysis

Dimension	Identification Results
Strengths	Specialization in the healthcare industry, understanding of medical communication, humanistic approach, ability to integrate brand strategy and digital technology
Weaknesses	Limited initial capital, limited creative personnel who understand health, unestablished reputation, and need for client education
Opportunities	Digital transformation of healthcare facilities, low number of specialist agencies, need for educational content, development of health tourism, and increased online service searches
Threats	Price competition with general agencies and freelancers, social media algorithm changes, development of automation technology, and risk of regulatory violations

The main strength of the business lies in its specialization. Knowledge of health communication is not easily obtained through design skills alone. Agencies need to understand how medical information can be translated into simple messages without compromising accuracy. In addition, agencies must be able to distinguish between educational content, service information, health campaigns, and commercial promotion. These competencies can increase the agency's credibility in the eyes of hospitals and clinics.

The main weakness lies in the need for multidisciplinary human resources. Agencies require personnel who understand brand strategy, design, content writing, audiovisual production, digital analytics, and health communication. If all these competencies are not yet available internally, the business can use a collaboration model involving experts or freelancers. However, the use of external personnel needs to be supported by quality standards and content review procedures to maintain consistency in the results.

Business development opportunities are considerable because many healthcare facilities do not yet have professional communication capabilities. However, client education is an important part of the marketing process. Some healthcare facility managers may still view branding as a design cost rather than a long-term investment. Therefore, agencies must be able to demonstrate the relationship between branding, visibility, public trust, audience engagement, and growth in service utilization.

Porter's Five Forces Analysis Results

Based on Porter's Five Forces analysis, the threat of new entrants in the branding industry in general is relatively high because businesses can be established without substantial physical investment. However, in the healthcare segment, there is a higher knowledge barrier. Understanding regulations, medical communication ethics, patient behavior, and the management of sensitive information can present obstacles for general agencies seeking to enter this segment

quickly.

Supplier bargaining power is low to moderate. Creative personnel such as designers, photographers, videographers, and content writers are relatively easy to find. However, personnel who possess expertise in both creative disciplines and health communication remain limited. This situation creates a need for agencies to develop training programs, communication guidelines, and content review processes.

Customer bargaining power is relatively high because hospitals and clinics can choose general agencies, freelancers, or internal teams. To reduce this pressure, agencies need to offer benefits that are not easily provided by general service providers, such as health brand audits, content compliance checks, patient communication strategies, and digital performance measurement.

The threat of substitute services is moderate. Healthcare facilities can use design applications and artificial intelligence or manage their own content internally. However, these technologies have not fully replaced the functions of strategy formulation, quality control, understanding of medical context, and reputation management. Thus, technology should be positioned as a tool for improving efficiency rather than as a threat that completely replaces agency services.

The level of competition in the branding industry in general is quite high, but competition in the healthcare branding segment remains relatively lower. This condition provides an opportunity for new agencies to position themselves as ethical, humanistic, and data-based health communication specialists. The Porter analysis results in the document also show that knowledge barriers can provide a natural form of protection against direct competition.

VRIO Analysis and Competitive Advantage Results

The VRIO analysis shows that understanding the healthcare industry is a valuable resource because it can help clients reduce communication risks and increase their credibility. This competence is also relatively rare because not all agencies have personnel with healthcare backgrounds or experience in handling medical communication.

However, health knowledge does not automatically constitute a sustainable competitive advantage. This competence can still be imitated if competitors recruit healthcare personnel or develop specialized divisions. To make the competence more difficult to imitate, agencies need to combine several resources simultaneously, namely practical experience, networks with healthcare professionals, content review procedures, regulatory knowledge bases, creative capabilities, and the use of digital analytics.

From an organizational perspective, agencies need to have a structure capable of utilizing all these resources. This structure can take the form of a division of responsibilities among brand strategists, medical content reviewers, designers, social media managers, and digital analysts. In addition, operational standards are needed for client acceptance processes, brand audits, content approval, data protection, campaign evaluation, and results reporting.

Thus, competitive advantage does not come solely from the claim of being a health agency but from a work system capable of maintaining quality, accuracy, ethics, and service consistency. This is consistent with Barney (1991) and (Iriarte et al., (2023) view that a resource can produce sustainable competitive advantage if it is valuable, rare, difficult to imitate, and supported by the organization.

Value Proposition Development Results

The Value Proposition Canvas mapping results show that potential clients have three main groups of needs. First, healthcare facilities need to increase digital visibility so that their services can be more easily found by the public. Second, institutions need a consistent identity and communication strategy to strengthen public trust. Third, institutions require educational and engaging content that remains appropriate to the ethical standards of health communication.

The problems, or customer pains, faced by clients include limited human resources, a lack of content strategy, low social media interaction, inconsistent visual identity, difficulty simplifying medical information, and concerns about regulatory violations. Meanwhile, expected benefits, or customer gains, include increased visibility, a professional image, patient trust, ease of access to information, audience engagement, and increased opportunities for service utilization.

Based on these needs, the business value proposition is formulated as follows:

Helping healthcare facilities build a consistent digital identity and image through humanistic, credible, data-based branding strategies that comply with health communication ethics.

Services that can be developed include brand and digital media audits, brand strategy development, visual identity development, health education content production, social media management, website development, search engine optimization, photo and video documentation, and campaign performance reporting. This value proposition shows that the agency functions as a strategic partner rather than merely as a design service provider.

Stakeholder and Collaborator Mapping Results

Stakeholder mapping results show that business success depends on the involvement of internal and external parties. Internal stakeholders consist of founders, management teams, brand strategists, creative directors, designers, content creators, and administrative and financial departments. The internal team is responsible for strategy planning, quality of results, project management, and operational sustainability.

The main external stakeholders are hospitals, clinics, and other healthcare facilities as service users. The Health Office and Ministry of Health serve as sources of policy and regulation, while educational institutions can support research, internship programs, and the development of health communication competencies. Platforms such as Meta, Google, Canva, and TikTok support the publication and measurement of digital campaigns.

Creative collaborators such as photographers, videographers, illustrators, and freelance designers can expand production capacity. Technology collaborators play a role in analytics development, automation, and data management. Meanwhile, health communities, nonprofit organizations, and educational content creators can help expand the reach of social campaigns. This ecosystem allows the agency to operate its business flexibly without having to bear the full cost of employing permanent expert personnel.

Financial Feasibility Analysis Results

The business document compiles five-year financial projections that take into account initial investment, operational costs, revenue, profit and loss, and cash flow. In the first year, the business is estimated to remain in the market penetration stage, so revenue may not fully cover fixed costs, marketing expenses, and system development costs. Entering the second and third years, an increase in the number of clients and improvements in operational efficiency are projected to enable the business to reach the break-even point and begin generating profits. Systematically prepared financial projections provide an important basis for assessing business sustainability and assist investors and management in decision-making (Brigham, 2020; Karanina, 2025).

Cumulative cash flow is estimated to reach the payback point around the third year. Thus, the estimated payback period is approximately three years. This period remains acceptable for a service business that is building a client base, reputation, and operational systems. After the payback point is reached, cash flow is projected to become positive as the number of contracts and recurring revenue increase. According to Ross et al. (2024), cash flow analysis and the investment payback period are initial indicators widely used to evaluate the risk and liquidity levels of an investment project.

Nevertheless, the analyzed document does not yet contain final calculation results for Net Present Value (NPV), Internal Rate of Return (IRR), and Break-Even Point (BEP) based on definitive cash flow figures. Some revenue projection sections still use symbols or general assumptions, so definitive financial feasibility conclusions cannot yet be established. Therefore, the financial assessment at this stage only indicates that the business has potential operational feasibility, provided that projections for the number of clients, package prices, labor costs, and revenue growth can be realized.

The NPV calculation must show a positive value for the business to be considered value-adding. The IRR must be higher than the discount rate or cost of capital used. The BEP needs to be calculated based on total fixed costs, average service prices, and the contribution margin per project. Sensitivity analysis should also test conditions in which the number of clients or revenue is lower than the target, as well as conditions in which labor and marketing costs increase. This

approach is necessary to ensure that investment decisions remain feasible even if economic and operational assumptions change (Gitman & Zutter, 2012; Zutter & Smart, 2022).

Discussion

Overall, the research results show that the development of a branding agency specifically for the healthcare sector has a fairly strong market and strategic foundation. The problems experienced by healthcare facilities are not merely a lack of promotional activity but also the absence of a communication system that integrates brand identity, medical information, patient experience, digital technology, and professional ethics. This condition creates a need for partners with multidisciplinary competencies.

This finding reinforces the concept of service brand equity proposed by Barney (2000), which states that service brands are formed through alignment among messages, experiences, and customer trust. In healthcare facilities, effective digital communication will not produce a sustainable reputation if it does not correspond to the actual patient service experience. Therefore, agencies need to work with healthcare facility management to ensure that communicated brand promises reflect actual service capabilities. Unlike previous studies that primarily examined digital marketing and patient behavior, this research integrates PESTLE, SWOT, Porter's Five Forces, VRIO, and the Value Proposition Canvas to examine healthcare branding services from macroenvironmental, competitive, resource, and customer-value perspectives within a single analytical structure.

The research results are also consistent with Keller (1993), Keller (2013) and Keller (2022) Customer-Based Brand Equity model. Healthcare facilities need to build a clear identity before gaining public response and loyalty. This identity must be communicated through all touchpoints, such as social media, websites, educational materials, customer service, the physical environment, and interactions with healthcare personnel. Thus, branding cannot be separated from operational quality and service culture.

The novelty of this research lies in its integration of multiple strategic analysis tools within a single study to assess the feasibility of a niche creative service business in the healthcare sector. While existing literature has predominantly examined healthcare branding from the perspective of hospital marketing departments Dzakiyya and Hati (2024) and Hariyanti et al. (2024), this study shifts the analytical lens to the agency side, exploring how a specialized external partner can systematically address the multifaceted branding challenges faced by healthcare facilities. This perspective contributes to bridging the gap between healthcare management literature and creative industry entrepreneurship research.

From a business model perspective, health specialization provides opportunities for differentiation but also increases responsibility. Agencies must develop fact-checking mechanisms, content approval procedures, and risk evaluation processes before materials are published. The use of healthcare professionals as content reviewers can improve accuracy and reduce the risk of inappropriate claims. This strategy also strengthens the rarity and organizational dimensions of the VRIO framework.

The most appropriate revenue model is a combination of initial projects and recurring contracts. Initial projects can include brand audits, strategy development, and visual identity development, while monthly contracts can include content management, social media management, campaigns, and reporting. Recurring contract models provide cash flow stability, while package systems allow clients to choose services according to their organizational scale and budgetary capacity.

However, the results of this study still have limitations because the document does not yet present a recapitulation of interview results and market tests that have been conducted. Market test instruments and evaluation formats are available, but the results of potential client responses, satisfaction levels, willingness to pay, and Net Promoter Score have not been included. Therefore, subsequent validation needs to be conducted through service prototype testing with potential clients. These results can subsequently be used to refine service packages, pricing, work processes, and marketing strategies before the business is fully launched.

CONCLUSION

Based on the findings, a branding agency specializing in healthcare services shows strategic development potential in response to the growing need for digital communication, consistent institutional identity, and credible health information. The PESTLE, SWOT, Porter's Five Forces, and VRIO analyses indicate a generally supportive business environment, with healthcare specialization and an understanding of communication regulations serving as important sources of differentiation. The Value Proposition Canvas further indicates that the proposed agency can address healthcare facilities' needs through services related to brand identity, educational content, digital media management, and communication performance evaluation. These findings suggest that a specialized agency can function as a strategic communication partner for healthcare facilities rather than merely as a provider of design and promotional services.

From a financial perspective, the available projections suggest an estimated payback period of approximately three years; however, definitive NPV, IRR, and BEP calculations have not yet been established, and comprehensive market validation results are not yet available. Therefore, the financial feasibility of the proposed business should be interpreted as preliminary. Further research should complete definitive financial calculations and conduct market testing with potential clients to assess willingness to pay, service acceptance, and the suitability of the proposed service packages before full business implementation.

ACKNOWLEDGEMENT

The authors would like to express their appreciation to all parties who provided support and assistance during the research and manuscript preparation process. The authors also acknowledge Universitas Pendidikan Nasional, Indonesia, as their institutional affiliation.

AUTHOR CONTRIBUTION STATEMENT

Aninthiasari and Desak Made Febri Purnama Sari jointly contributed to the preparation and completion of the manuscript. Both authors participated in reviewing the manuscript and approved the final version for publication.

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