# From Internal Branding to Sustainability: The Role of Organizational Communication in Private Healthcare Management

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# From Internal Branding to Sustainability: The Role of Organizational Communication in Private Healthcare Management

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**Abstract**

Sustaining high performance in private healthcare requires that internal organizational processes actively reinforce the values employees carry into their daily work. This study examines how organizational communication and internal branding shape employee commitment, positioning commitment as a foundational condition for sustainable organizational performance in health services. Drawing on quantitative data from 247 healthcare professionals, a structured questionnaire validated through reliability analysis and Confirmatory Factor Analysis was used to assess the direct and indirect pathways between these constructs. Multiple regression analysis confirmed that both organizational communication and internal branding are significant positive predictors of employee commitment, with communication carrying a marginally stronger direct effect. Mediation analysis further revealed that internal branding mediates the relationship between organizational communication and employee commitment, accounting for approximately 29 percent of the total effect. These findings suggest that coherent communication structures and well-anchored internal branding practices function as complementary mechanisms that, together, support the workforce stability and internal alignment that sustainable service delivery requires. The study concludes by proposing an integrated managerial framework that brings these two strategic levers into closer coordination, with the aim of advancing long-term organizational sustainability in the private healthcare sector.

**Keywords:** sustainable management; internal branding; health services; clinical settings; organizational communication

## 1. Introduction

The private healthcare sector has undergone considerable transformation over recent decades, shaped by intensifying market competition, rapid technological change, tightening regulatory frameworks, and a patient population that is better informed and more demanding than at any previous point [1]. Private healthcare organizations, unlike their public counterparts, operate within market-oriented structures where service quality, patient satisfaction, institutional reputation, and long-term organizational sustainability are closely bound together [2]. In this kind of environment, managerial effectiveness cannot be reduced to clinical excellence alone and it requires the strategic coordination of people, processes, and organizational identity in ways that extend well beyond the consulting room or operating theater [3]. Communication and branding, long regarded as outward-facing functions concerned primarily with markets and customers, have consequently acquired a new kind of relevance within the internal management of healthcare institutions, particularly as attention has shifted toward the internal conditions that make sustainable performance possible [4].

Clinical environments are, by their nature, organizationally complex [5]. They bring together physicians, nurses, administrative personnel, and management teams who must work in concert

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under conditions of considerable responsibility, time constraint, and ethical scrutiny [6]. When communication is fragmented, organizational values are poorly articulated, or internal alignment is absent, the consequences can reach beyond operational inefficiency to affect service consistency and, ultimately, patient outcomes [7]. Organizational communication in this context is therefore something more than a logistical requirement; it functions as a foundational managerial mechanism through which coordination is achieved, trust is cultivated, decision-making quality is supported, and professional culture is shaped. Structured communication channels, functioning feedback systems, and genuinely shared understanding all contribute to reducing uncertainty and reinforcing organizational coherence in clinical settings, laying the groundwork for sustained organizational performance rather than episodic effectiveness [8].

Alongside the importance of communication, healthcare branding has historically concentrated on external positioning and specifically on reputation management, marketing activity, and differentiation in competitive markets [4]. However, contemporary management thinking has shifted this framing considerably. A brand, on this view, is not only a promise extended to external audiences but an internal commitment that employees must enact in the course of daily practice [9,10]. Internal branding therefore plays a pivotal role in translating declared brand values into employee behaviors, service standards, and patient interactions. In private healthcare organizations, where service quality is so thoroughly dependent on human conduct, the alignment between stated brand identity and lived organizational culture is particularly consequential for both patient trust and institutional longevity. Sustained organizational performance in private healthcare ultimately depends on this kind of internal coherence, since the consistency and reliability of care delivery cannot be maintained when employees are disconnected from the values the organization claims to represent.

The integration of organizational communication and internal branding as a unified strategic concern has received insufficient attention within the private healthcare management literature. Prior research has tended to examine communication effectiveness and brand management as separate domains, and relatively little work has addressed how they operate in combination as complementary managerial tools in clinical environments [4,11,12]. Equally underexplored is the contribution of this combination to organizational sustainability, understood here as the capacity of healthcare institutions to maintain competitive positioning, workforce cohesion, and service quality over time under conditions of market and operational pressure. This gap is significant given that teamwork, professional trust, and accountability are not peripheral considerations in healthcare but central determinants of performance and care quality.

The aim of this study is to examine how organizational communication and internal branding jointly contribute to effective and sustainable management in private healthcare settings. More specifically, it investigates their role in fostering staff alignment, supporting interdisciplinary collaboration, reinforcing organizational identity, and ensuring coherence between the brand promise communicated to patients and the service experience actually delivered. Drawing on contemporary theories of internal communication, brand identity, and healthcare management, the study approaches these practices not as isolated administrative functions but as strategically interconnected mechanisms that shape organizational performance in meaningful and durable ways. The contribution of this paper lies in its integrative perspective. Rather than treating communication as an informational process and branding as a marketing construct, the study reconceptualizes both as managerial levers that bear on employee engagement, service quality, and patient trust. It proposes a unified analytical framework positioning organizational communication and internal branding as complementary strategic tools within private healthcare administration, and advances a structured managerial model tailored specifically to the distinctive dynamics of clinical environments, where professional autonomy, ethical obligation, and patient-centered care introduce organizational demands that generic management frameworks do not always accommodate. By bringing together communication theory, branding scholarship, and healthcare management research, the study contributes to a richer understanding of how private healthcare organizations can build sustainable competitive advantage through internal alignment and a coherent organizational culture.

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The complexity of contemporary healthcare management is further compounded by the pace of digital transformation. The spread of electronic health records, telehealth platforms, data-driven decision-support tools, and integrated hospital management systems has fundamentally altered how information moves within private healthcare organizations, generating both new coordination opportunities and significant structural challenges [13,14]. Digitalization has sharpened the demand for robust internal communication infrastructures capable of spanning hierarchical and functional boundaries and ensuring that strategic information reaches clinical and administrative teams alike [15]. It has equally required internal branding strategies to evolve beyond conventional face-to-face mechanisms, making use of digital platforms to reinforce organizational values and sustain employee identification with the brand in work contexts that are increasingly dispersed and technologically mediated. Organizations that fail to bring digital communication tools into alignment with coherent internal branding risk widening the gap between managerial intent and frontline clinical behavior, with direct consequences for service quality, patient outcomes, and the longer-term sustainability of the institution [16].

Central to the study is the treatment of employee commitment as the primary outcome variable through which the strategic effects of communication and internal branding are assessed. Broadly understood as the psychological attachment that individuals maintain toward their employing organization, employee commitment encompasses affective, normative, and continuance dimensions that collectively shape retention behavior, professional motivation, and alignment with organizational goals [17]. In private healthcare settings, this form of commitment carries particular weight. Healthcare professionals with high levels of organizational commitment tend to demonstrate greater service consistency, more effective collaborative behavior, and a stronger disposition to deliver care that reflects the organization's stated values and patient-centered mission. Committed employees are also more receptive to internal communication and more naturally embody brand values in their everyday interactions with patients and colleagues [18,19]. Understanding how organizational communication and internal branding cultivate this commitment in combination therefore offers managerial insights of genuine practical value for private healthcare administrators seeking to build high-performing, cohesive, and value-driven clinical organizations. Conceptualizing employee commitment as a strategic outcome, rather than a secondary effect of operational management, represents a substantive contribution to the broader conversation about sustainable performance in healthcare institutions, and it is precisely this connection between internal alignment and organizational sustainability that the present study seeks to develop and empirically substantiate.

## 2. Literature Review

### *2.1. Organizational Communication in Healthcare Settings*

Organizational communication has long been recognized as a foundational element of effective management, attracting sustained attention across organizational theory and management scholarship [20]. Earlier conceptual models tended to frame communication as the transmission of information through hierarchical structures, while more recent perspectives have foregrounded its relational, cultural, and strategic dimensions [21]. In complex service organizations, and healthcare institutions in particular, communication is neither simply informational nor incidental to organizational life; it is coordinative and constitutive, actively shaping professional identity, trust, and the conditions under which collective action becomes possible [22]. These properties also make communication a significant factor in organizational sustainability, since institutions whose internal communication structures are coherent and culturally embedded are better positioned to maintain performance continuity, adapt to environmental pressures, and retain the workforce on which service delivery depends. Healthcare organizations present a particularly demanding communicative environment, marked by multidisciplinary collaboration, high task interdependence, and the constant pressure of time-sensitive decision-making [23]. A substantial body of research in healthcare

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management documents the consequences of communication failure including medical errors, fragmented care pathways, and diminished patient satisfaction recur as predictable outcomes when internal communication is poorly structured or inconsistently practiced [22,24,25]. The obverse is equally well established since where structured internal communication systems are in place, role clarity improves, ambiguity recedes, and collaborative problem-solving becomes more viable [21,22,25]. In clinical practice, formal communication channels such as protocols, reporting systems, and administrative briefings must function alongside informal networks that enable rapid coordination and real-time knowledge exchange, and the management of both is a nontrivial organizational challenge. Organizations that succeed in sustaining both dimensions of communication over time demonstrate a form of institutional capacity that generic management frameworks rarely capture in full.

The strategic dimensions of communication have also attracted growing attention in the literature, particularly regarding its relationship to employee engagement [26]. Participatory, two-way communication processes, functioning feedback mechanisms, and transparent leadership messaging are consistently associated with higher levels of job satisfaction and organizational commitment [27]. In private healthcare organizations, where service quality and operational performance bear directly on competitive positioning, the quality of internal communication emerges as a determinant not only of care delivery but of staff retention and institutional culture [21]. Retention, in particular, represents one of the most practically significant pathways through which communication quality contributes to organizational sustainability; healthcare institutions that invest in structured, participatory communication environments tend to experience lower workforce turnover and greater continuity in the care relationships that underpin patient trust and service reputation. On this reading, organizational communication in healthcare extends well beyond operational coordination to function as a driver of cultural cohesion, strategic alignment, and long-term institutional resilience.

The theoretical evolution of organizational communication has moved considerably from transmission-oriented models toward interpretive and constitutive frameworks [28,29]. The Communication Constitutes Organization perspective, which has gained significant traction in organizational and management theory, holds that organizations do not simply use communication as an instrumental resource but are fundamentally brought into being through communicative acts [30]. In healthcare settings, this perspective carries particular illuminating power. The ways in which clinical teams discuss diagnoses, coordinate patient handovers, and navigate ethically complex situations are not merely information exchanges; they are constitutive of organizational reality itself [31]. Through such exchanges, professional roles are defined, relational authority is negotiated, shared meaning is constructed, and institutional norms are continuously reproduced or contested. The sustainability implications are considerable: organizations whose communicative practices reinforce a coherent institutional identity are more capable of maintaining strategic direction and workforce commitment across periods of change or competitive pressure.

Accepting communication as constitutive rather than purely transmissive has practical implications for healthcare management [32,33]. Specifically, it suggests that the quality of communicative practice within a healthcare organization cannot be separated from the quality and culture of the organization itself, and that managerial investment in communication is simultaneously an investment in organizational identity and institutional capacity [34]. Leadership communication occupies a particularly prominent position in this landscape [35]. Leaders in healthcare organizations function not only as conduits of strategic information but as symbolic figures whose communicative styles signal organizational values, priorities, and relational expectations to frontline staff [36]. Transparent and consistent messaging from senior leaders has been shown to cultivate psychological safety within clinical teams, creating the conditions under which staff feel able to voice concerns, report near-miss events, and engage in reflective practice without fear of punitive consequences [37]. In private healthcare contexts, where formal hierarchical structures frequently coexist with the professional autonomy characteristic of clinical practice, the

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capacity of leadership to bridge managerial and professional cultures through effective communication represents a critical organizational competency [38]. When organizational goals are communicated in language that resonates with the professional values of healthcare workers, the alignment between institutional priorities and individual professional identity is strengthened, with positive consequences for both commitment and service consistency [38]. Leaders who model communicative openness and participatory dialogue also create conditions under which information flows more freely across interdisciplinary boundaries, reducing the risk of adverse outcomes arising from information asymmetries between professional groups [39]. In this sense, communicative leadership is not merely a style preference but a structural condition for sustainable clinical performance.

Digital communication technologies have substantially reshaped the internal communication landscape of healthcare organizations in recent years [40]. Electronic health records, enterprise messaging platforms, mobile clinical alert systems, and video-conferencing tools have multiplied the channels through which clinical and administrative information is shared, enabling faster and more geographically distributed coordination [41]. In high-stakes clinical scenarios, these technologies hold real potential since they reduce communication latency, improve traceability of decision-making, and facilitate knowledge exchange across organizational units that might otherwise operate in relative isolation [42]. In doing so, they extend the reach and consistency of internal communication in ways that carry direct implications for sustainable operations, enabling institutions to maintain coordination quality as they grow or adapt to shifting service demands. Yet the proliferation of digital communication modalities brings with it a set of distinctive challenges. Information overload, alert fatigue, platform fragmentation, and the erosion of the informal interpersonal exchanges that have historically underpinned trust-building and team cohesion in clinical settings are recurring concerns in the literature [42–44]. Managing the relationship between formal digital systems and the relational dimensions of organizational communication is therefore an increasingly pressing priority for healthcare administrators. Organizations that can integrate digital tools with human-centered communication practices are better placed to capture efficiency gains without sacrificing the relational quality on which effective and safe clinical collaboration depends, and without undermining the interpersonal foundations that sustainable workforce commitment requires.

Communication in healthcare is also persistently impeded by structural, cultural, and interpersonal barriers that deserve explicit attention [45]. Hierarchical power differentials among physicians, nurses, and administrative staff can produce asymmetric communication dynamics in which clinically significant information fails to move upward through organizational structures, and in which frontline personnel may be reluctant to challenge decisions made by senior clinicians or managers [45]. Cultural and linguistic diversity within healthcare teams adds further complexity, as differing communicative norms and variable language proficiencies can affect the clarity, reception, and interpretation of messages in ways that are not always immediately visible [46]. The chronic time pressures of clinical work compound these difficulties, frequently leading to abbreviated or incomplete exchanges at precisely the moments when thorough communication matters most, including patient handovers, inter-departmental transfers, and shift changes [47]. Research consistently identifies communication breakdowns at these transitional points as significant contributors to adverse clinical events and preventable errors [47,48]. Addressing these barriers in a sustained way requires deliberate organizational design and specifically the development and implementation of standardized communication protocols, the embedding of structured handover practices, and the cultivation of environments in which open, cross-professional dialogue is genuinely encouraged and protected [49]. Critically, these are not one-time interventions but ongoing organizational commitments; their value lies precisely in the consistency with which they are maintained, and it is this consistency that connects robust internal communication to the broader project of building sustainable healthcare organizations.

What this body of evidence collectively reinforces is that organizational communication in private healthcare is not a technical matter of channel design alone but a complex, culturally

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embedded, and strategically consequential process whose effective management is inseparable from the goal of organizational sustainability. Institutions that treat communication as a peripheral operational function rather than a strategic priority risk not only immediate service failures but the progressive erosion of the internal cohesion, workforce commitment, and cultural identity on which long-term competitive performance depends.

### *2.2. Internal Branding: Conceptual Foundations and Organizational Implications*

Branding has traditionally occupied a prominent place in marketing scholarship as an external positioning mechanism, a means by which organizations seek to differentiate themselves in competitive markets [50]. Increasingly, however, scholars have challenged the sufficiency of this outward-facing conception, arguing that a brand's credibility ultimately depends on its internal enactment [51]. Internal branding, as it has come to be understood, refers to the organizational processes through which brand values, mission, and identity are communicated to employees, with the aim of encouraging them to embody and deliver the brand promise through their professional conduct [52]. The connection between internal branding and organizational sustainability is direct: institutions whose employees genuinely enact brand values in daily practice are better positioned to maintain service consistency, protect institutional reputation, and sustain competitive advantage over time than those that rely on external communication alone to manage their brand identity.

The theoretical grounding of internal branding draws on identity theory, organizational culture theory, and strategic management perspectives [53]. A coherent internal brand brings employees' values and behaviors into alignment with organizational objectives, reducing the inconsistencies that can otherwise emerge between what an organization communicates externally and what patients actually experience in service interactions [54]. In service-intensive sectors such as healthcare, this alignment carries particular weight: employees function, in effect, as brand ambassadors, since patient perceptions of quality are shaped more by interpersonal encounters and service experiences than by marketing communications. Research bears out the organizational value of this alignment, documenting positive relationships between internal branding and employee motivation, commitment, and behavioral consistency [52]. Training programs, leadership communication, value-based recruitment, and performance management systems have been identified as the primary mechanisms through which internal branding is operationalized in practice [35]. When these mechanisms are coherently integrated, they foster shared understanding, reinforce professional accountability, and contribute to the standardization of service delivery [55]. Within private healthcare, where institutional reputation and patient trust function as strategic assets rather than incidental outcomes, internal branding assumes heightened organizational importance [56]. The literature is consistent in its argument that healthcare organizations must ensure their declared values, whether patient-centeredness, safety, innovation, or compassion, are genuinely embedded in daily practice rather than confined to official communications [57]. Where internal behaviors and external promises diverge, the consequences extend beyond operational inconsistency to reputational risk and the gradual erosion of stakeholder confidence. From a sustainability perspective, this divergence is particularly costly: organizations whose internal culture contradicts their external brand commitments face progressive credibility deficits that are difficult to reverse and that undermine the stable institutional identity on which long-term performance depends.

The theoretical architecture of internal branding is further enriched by social identity theory and organizational identity perspectives, which offer explanatory frameworks for understanding why and how employees come to internalize brand values [60]. Social identity theory holds that individuals derive a meaningful portion of their self-concept from membership in groups and organizations, and consequently orient their behavior toward the perceived norms and values of those groups [61]. When an organization's brand identity is clearly articulated, positively valenced, and consistently communicated, employees are more likely to incorporate brand membership into their sense of self, producing what scholars describe as brand identification [62]. Employees who identify with the brand exhibit a more durable and intrinsically motivated form of brand

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commitment than those who comply with brand expectations instrumentally: they enact brand values voluntarily, including in professional situations that are not directly monitored or formally evaluated [60]. This distinction between identification-driven and compliance-driven brand enactment is of particular consequence in healthcare, where the discretionary dimensions of professional behavior, including empathy, attentiveness, clinical judgment, and ethical responsiveness, are central to both service quality and patient trust. Cultivating genuine brand identification among healthcare professionals is therefore a more sustainable organizational objective than securing behavioral conformity through performance management alone, and organizations that invest in this deeper form of alignment are better positioned to deliver consistent care across the full range of patient interactions, including those beyond the direct visibility of management [63]. This depth of alignment also contributes to workforce stability, since employees who identify with the organizational brand are more likely to remain committed over the long term, reducing turnover and the continuity costs that high staff attrition imposes on clinical organizations.

While training programs, value-based recruitment, and performance management have been established as core implementation mechanisms, more recent scholarship has expanded this repertoire considerably. Onboarding and socialization processes represent a particularly consequential point of intervention, as the early experiences of new employees significantly shape their perceptions of the organizational brand and their level of identification with institutional values [64]. Structured induction programs that explicitly communicate brand values, service philosophy, and cultural expectations are better placed to foster early identification and reduce the socialization ambiguity that can generate service inconsistency down the line [65–67]. Internal storytelling and narrative communication have also gained recognition as mechanisms through which brand values are transmitted and kept alive across organizational life [68]. By circulating stories of brand-aligned behavior, exemplary patient care episodes, effective interdisciplinary collaboration, or demonstrations of ethical judgment under pressure, organizations create shared cultural reference points that render abstract values concrete, emotionally resonant, and professionally meaningful [69]. Visual identity reinforcement through environmental design, uniforms, and digital materials, together with regular value-reaffirmation practices and internal branding campaigns, further contribute to sustaining brand salience over time [70,71]. Taken together, these mechanisms constitute an integrated internal branding ecosystem that extends well beyond formal training interventions, permeating the everyday symbolic and experiential fabric of organizational life and, in doing so, creating the cultural conditions for sustained organizational performance.

Despite this strategic potential, internal branding regularly encounters implementation challenges capable of undermining its intended effects. A primary source of failure is the misalignment between espoused organizational values and enacted managerial behaviors, the well-documented gap between formal brand commitments and the lived realities of organizational practice [55,58,72]. When employees observe that senior leadership's conduct contradicts the values promoted through formal branding programs, cynicism and disengagement tend to follow, actively eroding brand internalization and weakening motivation to enact brand-consistent behavior [73]. In healthcare organizations, this risk is heightened by the ethical awareness, professional reflexivity, and critical scrutiny that characterize clinically trained workforces [55]. Internal branding programs perceived as top-down, overly corporate, or disconnected from the realities of clinical work may generate active resistance among healthcare professionals whose primary identity is grounded in disciplinary expertise, patient care ethics, and professional accountability rather than in organizational brand membership [55]. The literature therefore underscores authenticity and participatory co-design as essential conditions for effective internal branding. Programs that emerge from genuine organizational values, are developed with meaningful input from clinical staff, and are reinforced through consistent managerial behavior are substantially more likely to achieve durable brand internalization than those imposed through directive communication without corresponding behavioral modeling from leadership. The sustainability of internal branding as an organizational investment is therefore contingent not only on the breadth of implementation but on the degree to

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which it is experienced as authentic, culturally consistent, and professionally relevant by those it is designed to engage.

Applying internal branding principles in healthcare also requires careful engagement with the distinctive professional dynamics of these environments. Physicians, senior nurses, and allied health practitioners maintain strong occupational identities forged through extensive professional socialization, ethical training, and disciplinary culture [52]. These identities may at times stand in tension with organizationally constructed brand identities, particularly when brand values are perceived as prioritizing commercial or reputational objectives over clinical and ethical imperatives. Effective internal branding in healthcare must therefore engage with existing professional identities rather than seek to displace them. Organizations that frame internal branding as an amplification of professional values rather than a substitute for them, positioning the organizational brand as the institutional expression of a shared clinical commitment to patient-centered care, compassion, and safety, are more likely to achieve genuine and lasting alignment between professional and organizational identity. This kind of alignment, when successfully achieved, represents one of the more reliable pathways to organizational sustainability in private healthcare, as it anchors competitive positioning not in marketing expenditure but in the depth and consistency of employee commitment to the institutional mission. The inherently multi-stakeholder character of healthcare organizations, which must simultaneously serve patients, clinical professionals, regulatory bodies, insurers, and investors, further necessitates an internal branding approach sufficiently nuanced to address differentiated value systems while sustaining a coherent and credible organizational identity. Achieving this balance between unified brand identity and responsiveness to the professional complexity of clinical work represents one of the defining managerial challenges of internal branding in the private healthcare sector, and one whose resolution is inseparable from the broader goal of building organizations that perform sustainably over time.

### *2.3. The Interrelationship Between Communication and Internal Branding*

Although organizational communication and internal branding are frequently treated as distinct constructs in the literature, emerging scholarship has drawn increasing attention to their interdependence [74]. Internal branding relies fundamentally on effective communication processes to disseminate values, articulate organizational mission, and cultivate the shared meaning without which brand identity remains abstract and operationally inert [75]. Where structured and consistent communication is absent, brand values tend to remain disconnected from the everyday realities of professional practice [51]. Communication functions, in this sense, as the primary vehicle through which brand identity is interpreted and internalized by employees [76]. Leadership messaging, storytelling, internal campaigns, and participatory dialogue all contribute to translating strategic brand concepts into behaviors that are actionable and contextually grounded [36]. Feedback mechanisms further enable management to assess whether brand values are being understood and enacted across different professional groups, closing the loop between strategic intent and organizational practice [58]. This iterative quality is significant from a sustainability perspective: organizations whose communication systems include genuine feedback loops are better placed to detect and correct misalignment before it accumulates into service inconsistency or reputational damage.

The broader literature is consistent in its argument that alignment between communication strategy and branding strategy enhances organizational coherence [74–76]. Fragmented or inconsistent internal communication generates ambiguity regarding organizational priorities, which in turn produces variability in service delivery [77]. Organizations that deliberately integrate communication planning with branding initiatives, by contrast, tend to report higher levels of employee engagement, clearer sense of purpose, and stronger behavioral alignment. These outcomes collectively constitute the internal conditions most reliably associated with sustainable organizational performance, as they reduce the dependence on external monitoring and formal control mechanisms that becomes necessary when internal alignment is weak.

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From a theoretical standpoint, the relationship between organizational communication and internal branding is better understood as a mutually constitutive dynamic than as a simple directional influence [78]. Communication serves as both an antecedent and an ongoing mechanism of internal branding since it enables the initial dissemination of brand values while simultaneously sustaining their relevance through repeated, contextually grounded interactions over time [51,76]. A well-defined internal brand, in turn, provides communication with substantive content and normative direction, ensuring that organizational messages are coherent, value-laden, and purposeful rather than merely informational [79]. This reciprocal relationship resonates with contemporary strategic communication theory, which conceptualizes communication not as a neutral conduit but as an active organizational force that shapes meaning, identity, and collective orientation [80]. In healthcare settings, where the coexistence of multiple professional subcultures and communication registers introduces inherent complexity, this mutually reinforcing dynamic carries particular strategic weight. The capacity to sustain this dynamic over time, rather than achieving alignment episodically through discrete initiatives, is what distinguishes organizationally resilient healthcare institutions from those whose internal coherence depends on the attention and energy of particular leaders or programs. Organizations that fail to recognize the interdependence of communication and branding risk producing internally inconsistent strategies, in which communication systems transmit messages that do not reflect brand values, or in which brand initiatives are launched without the communicative infrastructure needed to support their diffusion and internalization across the organization [59,81].

Middle management occupies a pivotal position in the operationalization of this communication-branding relationship [82]. While senior leadership articulates brand values and communication strategies at the organizational level, it is middle managers who translate, interpret, and enact these messages within the daily realities of clinical and administrative work [82]. In this respect, middle managers function as critical intermediaries whose communicative behaviors either reinforce or undermine the coherence of internal branding initiatives [51]. When middle managers consistently model brand-aligned behaviors, communicate organizational values through everyday interactions with staff, and cultivate local team cultures that reflect broader institutional priorities, they amplify the effectiveness of both top-down communication strategies and internal branding programs. When they communicate inconsistently, selectively, or in ways that contradict organizational brand values, the resulting misalignment generates confusion, reduces employee trust, and erodes commitment [83]. In private healthcare organizations, where the structural distance between senior management and frontline clinical staff can be considerable, the communicative role of middle managers assumes heightened strategic significance as a mechanism for sustaining alignment across organizational layers [51]. Their capacity to maintain this bridging function consistently, and not only during periods of formal organizational change or heightened managerial attention, is a key determinant of whether communication-branding integration produces durable outcomes or remains confined to periods of institutional momentum.

The relationship between communication and internal branding is further complicated by the active role that employees play in the co-construction of brand meaning [57]. Rather than passively receiving and absorbing brand values through top-down communication, employees interpret, negotiate, and at times contest organizational messages in light of their own professional identities, prior experiences, and peer relationships [56]. This participatory dimension of brand meaning-making implies that effective internal branding cannot be achieved through unidirectional communication alone [84]. Organizations must create genuine dialogue channels through which employees can offer feedback on brand values, raise concerns about gaps between declared commitments and observed practices, and contribute to the ongoing refinement of organizational identity. In healthcare settings, where professional staff typically possess deep subject-matter expertise and strong normative commitments to patient care, participatory approaches to brand communication are not merely preferable but strategically necessary [51]. When employees experience themselves as active contributors to the organizational brand rather than passive

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recipients of it, identification deepens, resistance diminishes, and the brand is more likely to be experienced as an authentic expression of collective professional purpose rather than an externally imposed corporate construct [84]. Participatory co-construction also carries sustainability implications that extend beyond individual engagement: organizations in which employees actively shape brand meaning develop a form of distributed ownership over institutional identity that is more resilient to leadership transitions, structural reorganizations, and the gradual turnover of the workforce than identity frameworks that are authored and maintained exclusively from the top.

Achieving the strategic integration of communication and internal branding in practice requires deliberate organizational design rather than incidental alignment. Research suggests that the organizations with the highest levels of internal coherence are those that develop explicitly integrated internal communication plans in which brand values are embedded across all communication channels, formats, and organizational levels [52,84]. In concrete terms, this integration encompasses the alignment of leadership communication with brand messaging, the incorporation of brand values into team briefings and performance conversations, the use of multi-channel internal campaigns that reinforce brand identity across digital, physical, and interpersonal touchpoints, and the establishment of measurement mechanisms capable of assessing the degree to which communication is effectively translating brand values into employee understanding and behavioral alignment. In private healthcare, where the consequences of misalignment are particularly significant given the direct relationship between employee behavior and patient experience, such integrated approaches represent a substantive investment in organizational resilience, service consistency, and long-term sustainability. By treating communication strategy and internal branding not as parallel administrative functions but as deeply intertwined strategic levers, private healthcare organizations position themselves to cultivate the internal alignment necessary for sustainable competitive advantage and the reliable delivery of high-quality, patient-centered care over time.

### *2.4. Strategic Management in Private Healthcare Contexts*

Strategic management in private healthcare involves navigating a set of tensions that have no straightforward resolution; between clinical excellence and operational efficiency, between financial sustainability and patient-centered care, between professional autonomy and institutional coordination, and between the pressures of short-term performance and the organizational investments required for long-term institutional resilience [85]. Unlike organizations operating in purely commercial environments, healthcare institutions function within ethical frameworks and regulatory constraints that fundamentally shape how managerial decisions are made and justified [86]. Strategic tools in this context must therefore address not only competitive positioning but also professional norms, interdisciplinary dynamics, and patient safety standards, demands that considerably complicate the application of generic management frameworks and that require approaches oriented as much toward organizational sustainability as toward market performance.

Recent healthcare management research has placed growing emphasis on intangible assets as the primary source of sustainable competitive advantage in this sector [85,87,88]. Communication systems and internal branding practices are among the most consequential of these intangible resources: they strengthen internal integration, facilitate the implementation of strategic priorities, and support organizational adaptation in environments marked by rapid change [54]. Their contribution to sustainability is both direct and cumulative. Organizations that invest in coherent communication infrastructures and well-internalized brand cultures develop forms of internal alignment that compound over time, generating workforce stability, service consistency, and institutional identity that become progressively harder for competitors to replicate. The broader shift toward patient-centered care has further reinforced the strategic importance of internal alignment [88]. Delivering consistent patient experiences presupposes shared understanding among clinical and administrative staff regarding service standards, ethical principles, and organizational values, a form of alignment that cannot be mandated through policy alone but must be cultivated through coherent communication and a lived organizational culture [89]. This cultivated alignment is, in effect, a form

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of organizational capital whose accumulation is integral to sustainable performance in private healthcare.

Despite the considerable body of research on communication in healthcare and the growing literature on internal branding in service industries, studies that explicitly examine how these two constructs function together as strategic management tools within private healthcare remain limited. Existing studies tend to focus on patient communication, external marketing strategies, or isolated employee engagement initiatives, without situating these elements within a unified managerial framework [90,91]. Much of the internal branding literature, moreover, has been developed in corporate or hospitality contexts and does not fully account for the distinctive dynamics of clinical environments, where professional autonomy, hierarchical medical structures, and ethical accountability introduce organizational complexities that existing models struggle to accommodate. Equally absent from this body of work is sustained attention to the sustainability implications of communication-branding integration: while individual studies address aspects of employee commitment or service consistency, the question of how internal alignment mechanisms contribute to the long-term organizational sustainability of private healthcare institutions remains undertheorized. There is therefore a genuine need for integrative frameworks capable of addressing how communication systems and internal branding practices can be strategically aligned to enhance cohesion, performance, patient trust, and sustainable institutional capacity in private healthcare settings.

The present study responds to this need by positioning organizational communication and internal branding not as parallel functions but as interdependent strategic tools whose combined deployment constitutes a meaningful source of institutional competitive advantage and a pathway toward organizational sustainability. A more granular theoretical account of why these constructs qualify as strategic assets can be developed through the resource-based view of the firm and its extensions into dynamic capabilities theory [85]. The resource-based view holds that sustained competitive advantage derives from organizational resources that are valuable, rare, imperfectly imitable, and non-substitutable [85,92]. Communication systems and internal branding practices satisfy these criteria precisely because they are embedded in organizational culture, accumulated through prolonged institutional learning, and inseparable from the relational and human dynamics of specific organizational histories. Unlike physical assets or technologies, a coherent internal communication infrastructure and a strongly internalized brand culture cannot be readily replicated by competitors, as they emerge from the unique leadership behaviors, professional relationships, and institutional trajectories that define each organization [93]. It is this embedded, historically accumulated quality that makes communication and branding not merely operational tools but genuine sources of sustainable organizational advantage. Dynamic capabilities theory enriches this perspective further by emphasizing the organizational capacity to reconfigure internal resources in response to changing environmental conditions [93,94]. In private healthcare, where regulatory requirements, patient expectations, and competitive pressures shift continuously, the ability to adapt communication strategies and realign brand values with evolving organizational priorities constitutes a critical dynamic capability, one that distinguishes resilient and adaptive institutions from those that struggle to maintain coherence under pressure [95]. The sustainability of competitive positioning in this sector therefore depends not only on the quality of communication and branding practices at any given point in time but on the organizational capacity to sustain, renew, and adapt these practices as institutional demands evolve.

Strategic leadership plays a central and frequently underappreciated role in determining how effectively communication and internal branding are integrated within private healthcare organizations [96]. Senior leaders in healthcare must simultaneously manage financial performance, clinical governance, regulatory compliance, and institutional legitimacy, while sustaining the organizational coherence necessary for consistent service delivery [87]. Meeting these demands requires a leadership orientation that extends beyond operational management to encompass the deliberate cultivation of organizational identity, values alignment, and cultural cohesion. Research

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on strategic leadership consistently demonstrates that the credibility and communicative behavior of senior figures have a disproportionate influence on how organizational values are perceived and enacted throughout an institution [97]. Leaders who embed brand values authentically into their strategic communications, articulate a clear and compelling organizational vision, and demonstrate consistency between espoused values and observable conduct create the conditions under which internal branding can genuinely take hold [98]. In private healthcare contexts, where clinical professionals routinely evaluate management's legitimacy through the lens of professional ethics and patient welfare, the alignment between leadership communication and organizational brand identity is not a management preference but a foundational condition for institutional trust, employee commitment, and the kind of leadership credibility on which sustainable organizational culture depends [99].

The capacity to sustain strategic alignment is further tested by the continuous environmental pressures that necessitate organizational change and adaptation [100,101]. Demographic shifts, technological innovation, evolving regulatory frameworks, changing patient expectations, and intensifying competitive dynamics collectively mean that strategic management in private healthcare cannot be conceived as a stable or finite enterprise but must be understood as an ongoing process of realignment [88]. In this context, communication systems and internal branding practices function not only as instruments of stability but as critical enablers of organizational change and long-term sustainability. Effective internal communication supports change management by reducing uncertainty, building shared understanding of strategic rationale, and maintaining morale during periods of institutional transition [102–104]. Internal branding, meanwhile, provides the normative continuity that allows organizations to navigate change without losing the shared sense of identity and purpose that underpins collective commitment [51,57,60]. Organizations with robust communication and branding infrastructures are consequently more resilient in the face of disruption, possessing the internal alignment mechanisms necessary to recalibrate behaviors and organizational culture in response to evolving strategic demands without the destabilizing effects of fragmented messaging or identity ambiguity. This resilience is itself a form of organizational sustainability: the capacity to maintain coherent performance not only under favorable conditions but precisely when environmental pressures intensify and the temptation to sacrifice internal investment for short-term operational response is greatest.

The scholarly gap that motivates this study is therefore both theoretically and practically significant. Research on organizational communication in healthcare has concentrated predominantly on patient communication, inter-professional information exchange, and the prevention of clinical errors, without sufficiently addressing the strategic, identity-forming, and sustainability-oriented dimensions of internal communication as a management instrument [20,21,24,26]. The internal branding literature, while expanding beyond its origins in consumer goods marketing to encompass service industries including hospitality and financial services, has directed comparatively limited attention toward the distinctive organizational dynamics of healthcare, where professional autonomy, ethical accountability, hierarchical medical structures, and the primacy of patient welfare introduce complexities that existing frameworks do not fully accommodate. The absence of integrative models that address both constructs simultaneously, position them within the specific institutional logic of private healthcare management, and connect them to the broader imperative of organizational sustainability leaves practitioners without evidence-based frameworks for leveraging communication and branding as complementary strategic mechanisms, and limits scholarly understanding of how internal alignment processes contribute to performance outcomes and long-term institutional resilience in one of the most organizationally complex service sectors. The present study responds to this gap by proposing an integrative analytical framework that situates organizational communication and internal branding as interdependent strategic levers, examines their combined influence on employee commitment as a sustainability-relevant outcome, and advances a structured managerial model tailored to the professional and institutional specificities of the private healthcare context.

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*2.5. Hypotheses Development*

Building on the theoretical arguments developed, the present study advances four research hypotheses capturing the relationships among organizational communication, internal branding, and employee commitment in private healthcare organizations. Each hypothesis is grounded in the empirical and theoretical literature reviewed and together they constitute the analytical framework guiding the quantitative investigation that follows. Collectively, the hypothesized relationships speak to a broader question of organizational sustainability: if internal communication and brand alignment are the mechanisms through which employee commitment is cultivated, then understanding how these mechanisms operate in combination offers evidence-based guidance for healthcare managers seeking to build the workforce cohesion and institutional resilience that sustained organizational performance requires. The first hypothesis addresses the relationship between organizational communication and employee commitment. The literature reviewed documents a robust and consistent association between structured internal communication and organizational commitment [20–49]. Participatory, bidirectional communication practices, transparent leadership messaging, and functioning feedback mechanisms all enhance organizational identification and reduce role ambiguity, thereby strengthening commitment. In private healthcare specifically, where professional collaboration and shared understanding are central to safe and effective care delivery, the quality of communication constitutes a foundational condition for organizational alignment. Employee commitment sustained through effective communication also carries direct implications for workforce stability and service continuity, two outcomes that are themselves central to any account of organizational sustainability in healthcare.

H1: Organizational communication has a significant positive effect on employee commitment in private healthcare organizations.

The second hypothesis concerns the relationship between internal branding and employee commitment. Drawing on the identity-based theoretical frameworks reviewed, internal branding is understood as a process through which employees internalize organizational values and come to identify with the brand, producing a durable and intrinsically motivated form of organizational commitment [50–73]. Research consistently demonstrates that employees who identify with the organizational brand exhibit stronger alignment with institutional goals and greater service consistency. This identification-driven form of commitment is particularly relevant to sustainability, as it is more stable across time and less contingent on external incentives or direct managerial oversight than compliance-based forms of behavioral alignment.

H2: Internal branding has a significant positive effect on employee commitment in private healthcare organizations.

The third hypothesis addresses the relationship between organizational communication and internal branding, which Section 2.3 theorizes as mutually constitutive. Communication serves as the primary vehicle through which brand values are disseminated, interpreted, and internalized, and its quality directly conditions the extent to which internal branding initiatives succeed in shaping employee identities [74–84]. Without structured and consistent communication, brand values risk remaining abstract organizational declarations without behavioral purchase. The strength of this relationship also has sustainability implications: organizations whose communication systems actively sustain brand salience over time are better positioned to maintain the internal alignment necessary for consistent service delivery as personnel, structures, and competitive conditions evolve.

H3: Organizational communication is positively associated with internal branding in private healthcare organizations.

The fourth hypothesis introduces a mediating mechanism, reflecting that part of the effect of organizational communication on employee commitment is transmitted indirectly through the internalization of brand values [74–84]. When communication systems are effective, they enhance the clarity and salience of internal branding initiatives, which in turn strengthens employee commitment. The direct effect of organizational communication on employee commitment, net of this indirect path, is expected to remain significant, suggesting partial rather than full mediation. This partial mediation

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structure is theoretically meaningful in a sustainability context, as it implies that the pathway from communication to commitment operates through multiple channels simultaneously, making the overall relationship more robust and less vulnerable to disruption through any single mechanism.

H4: Internal branding partially mediates the positive relationship between organizational communication and employee commitment.

Together, these four hypotheses constitute the core empirical propositions of the study. H1 through H3 address the direct structural relationships among the constructs, while H4 specifies the indirect mechanism through which organizational communication exerts part of its influence on employee commitment. Taken as a whole, the hypothetical framework positions organizational communication and internal branding as complementary pathways to employee commitment and, through it, to the broader organizational sustainability that private healthcare institutions require to maintain competitive positioning, service quality, and workforce cohesion over time. The conceptual model in Figure 1 illustrates all proposed relationships and provides a schematic reference for the analytical framework.

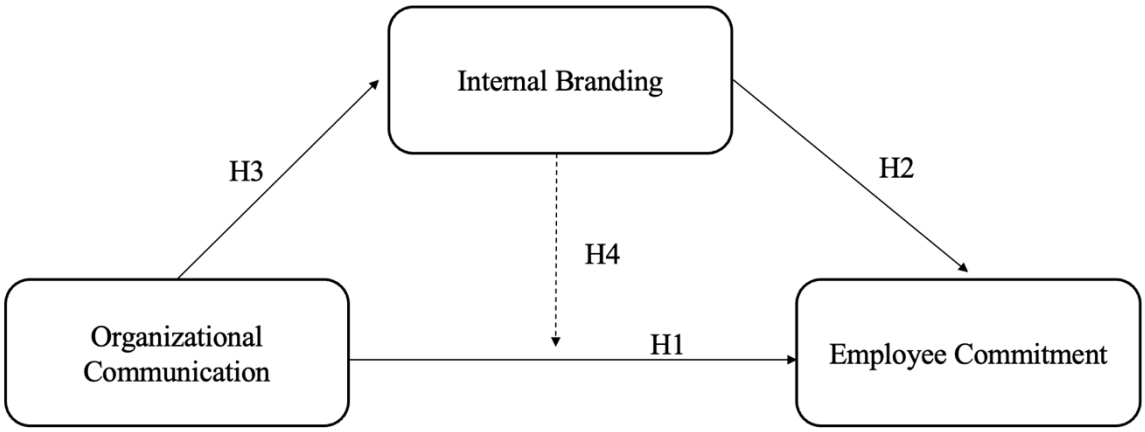


**Figure 1.** Conceptual Model.

## 3. Materials and Methods

### *3.1. Research Design and Philosophical Orientation*

The present study adopts a quantitative research design to investigate the role of organizational communication and internal branding as strategic management tools in private healthcare organizations. Epistemologically, it is grounded in a post-positivist orientation, which holds that social phenomena can be examined through the systematic measurement of observable variables and the statistical analysis of relationships among constructs. This philosophical stance is well-suited to the objectives of the research, which seeks to identify and quantify associations between organizational communication, internal branding, and employee commitment rather than to explore the subjective meanings that individuals attach to these phenomena. A cross-sectional survey methodology was selected as the most appropriate approach for capturing the perceptions of healthcare professionals working in clinical environments at a single point in time. Cross-sectional designs are widely employed in management and organizational research when the aim is to examine co-variation among constructs across a sample drawn from a defined population, and they are particularly suited to studies concerned with establishing the prevalence and directionality of relationships rather than tracing their development over time. The quantitative orientation of the study enables empirical examination of inter-construct relationships, supports hypothesis testing through established statistical procedures, and facilitates generalization within the boundaries of the examined sample. The limitations inherent in cross-sectional survey research are acknowledged,

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though this design remains the most methodologically defensible approach given the accessibility of the target population and the inferential objectives of the study.

### *3.2. Population, Sampling, and Data Collection*

The target population comprises healthcare professionals employed in private healthcare institutions, a choice grounded in the study's theoretical focus on private healthcare as the primary context within which the strategic roles of organizational communication and internal branding are examined. Private healthcare institutions constitute a particularly relevant research setting given their market-oriented operational frameworks, the heightened salience of service quality and reputation as competitive differentiators, and the complex interplay between clinical professionalism and organizational management that characterizes their internal environments. Data were collected through a structured self-administered questionnaire distributed to healthcare professionals in private clinical settings, yielding a final usable sample of 247 respondents. Participants were selected using a non-probability convenience sampling approach, targeting professionals across a range of clinical and administrative roles in order to reflect the multidisciplinary structure of private healthcare organizations. While convenience sampling does not permit probabilistic generalization to the broader population, it is recognized in the management research literature as an appropriate strategy when access to a comprehensive sampling frame is unavailable and when the research objective is to examine relational patterns among constructs within a theoretically relevant population.

The demographic profile of the sample shows a relatively balanced gender distribution, with 54.3% male and 45.7% female participants, broadly reflective of the mixed-gender composition of the healthcare workforce. The mean age of respondents was 43.9 years, pointing to a mature professional group with considerable accumulated experience in healthcare environments, a characteristic that lends credibility and contextual grounding to the perceptions reported. In terms of educational attainment, 32.3% of respondents held a Master's degree, 18.7% held a doctoral degree, and the remainder held a Bachelor's degree as their highest qualification. The high level of academic achievement within the sample reflects the specialized and knowledge-intensive nature of private healthcare services and further supports the validity of responses pertaining to complex organizational constructs such as internal branding and strategic communication. Prior to the main data collection phase, a pilot study was conducted with a small subset of healthcare professionals to assess the clarity, comprehensibility, and face validity of the questionnaire items. Feedback from this process informed the refinement of selected items and confirmed the instrument's suitability for the target population. Respondents were assured of the confidentiality and anonymity of their responses in order to minimize social desirability bias and encourage candid self-reporting.

### *3.3. Research Instrument and Measurement*

The primary data collection instrument was a structured questionnaire developed on the basis of established theoretical frameworks and validated measurement scales drawn from the existing literature on organizational communication [105], internal branding [57,75,84], employee commitment [106] and healthcare management. Grounding the instrument in prior validated scales ensures a degree of construct comparability with existing research and strengthens the theoretical coherence of the measurement approach. All items were adapted as necessary to reflect the specific institutional context of private healthcare organizations, ensuring conceptual alignment between the theoretical constructs and their operationalization within the study setting.

The questionnaire consisted exclusively of closed-ended items measured on a five-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree), allowing respondents to express their degree of agreement with statements pertaining to each key construct. Likert-type scales are widely employed in organizational and management research for their capacity to capture attitudinal and perceptual data with sufficient granularity while remaining accessible to respondents [107]. The decision to use a five-point rather than a seven-point scale was informed by considerations of

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respondent clarity and ease of completion in a professional healthcare context where survey fatigue may otherwise reduce response quality. The questionnaire was organized into four thematic sections corresponding to the study's key constructs: organizational communication, internal branding, employee commitment, and respondent demographics. The organizational communication scale captured perceptions of communication clarity, transparency, frequency, bidirectionality, and leadership messaging effectiveness. The internal branding scale assessed the extent to which respondents perceived organizational brand values to be clearly communicated, consistently reinforced, and meaningfully embedded in daily professional practice. The employee commitment scale measured affective identification with the organization, sense of belonging, motivation to contribute to organizational goals, and intention to remain within the institution. Demographic items collected information on gender, age, educational level, and professional role category.

### *3.4. Reliability and Validity Assessment*

The reliability and validity of the measurement instrument were rigorously evaluated prior to hypothesis testing in order to establish the psychometric integrity of the constructs and the credibility of the inferences drawn from the data. Internal consistency reliability was assessed using Cronbach's alpha coefficients for each of the three substantive constructs. Cronbach's alpha is the most widely employed index of scale reliability in survey-based research, reflecting the degree to which items within a scale consistently measure the same underlying construct. Results indicated satisfactory reliability across all constructs, with coefficients exceeding the widely accepted threshold of 0.70, confirming strong internal consistency among the measurement items and supporting the reliability of the scales as instruments for capturing the intended constructs.

**Table 1.** Reliability Analysis.

| Construct | Items | Cronbach's $\alpha$ | Mean (SD) |
|---|---|---|---|
| Organisational Communication | 8 | 0.879 | 3.72 (0.61) |
| Internal Branding | 7 | 0.863 | 3.58 (0.65) |
| Employee Commitment | 7 | 0.851 | 3.61 (0.63) |

Construct validity was examined through Confirmatory Factor Analysis, conducted using structural equation modeling procedures. CFA is the appropriate technique for verifying theoretically hypothesized factor structures by assessing the extent to which observed indicator variables load onto their designated latent constructs. The analysis confirmed that observed variables loaded appropriately and significantly onto their respective constructs, with standardized factor loadings meeting recommended thresholds. Model fit was evaluated using a combination of absolute and incremental indices, including the Comparative Fit Index, the Tucker-Lewis Index, the Root Mean Square Error of Approximation, and the Standardized Root Mean Square Residual. Fit indices met acceptable criteria as established in the structural equation modeling literature, confirming that the hypothesized measurement model provided an adequate representation of the observed data. Convergent validity was supported by average variance extracted values exceeding the recommended threshold of 0.50 for each construct, indicating that the majority of variance in the indicator variables was attributable to the latent construct rather than to measurement error. Discriminant validity was established by demonstrating that the average variance extracted for each construct exceeded the squared inter-construct correlations, confirming that the three constructs, while positively related, represent empirically distinct organizational dimensions.

**Table 2.** Confirmatory Factor Analysis.

| Construct / Indicator | $\lambda$ | AVE | CR | MSV | $R^2$ |
|---|---|---|---|---|---|
| Organisational Communication | | 0.573 | 0.904 | 0.274 | |
| OC1 | 0.748 | | | | 0.560 |
| OC2 | 0.772 | | | | 0.596 |

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| | | | | | |
|---|---|---|---|---|---|
| OC3 | 0.761 | | | | 0.579 |
| OC4 | 0.753 | | | | 0.567 |
| OC5 | 0.765 | | | | 0.585 |
| OC6 | 0.757 | | | | 0.573 |
| OC7 | 0.744 | | | | 0.554 |
| OC8 | 0.751 | | | | 0.564 |
| Internal Branding | | 0.551 | 0.889 | 0.274 | |
| IB1 | 0.735 | | | | 0.540 |
| IB2 | 0.752 | | | | 0.565 |
| IB3 | 0.741 | | | | 0.549 |
| IB4 | 0.739 | | | | 0.546 |
| IB5 | 0.744 | | | | 0.554 |
| IB6 | 0.737 | | | | 0.543 |
| IB7 | 0.746 | | | | 0.556 |
| Employee Commitment | | 0.542 | 0.876 | 0.339 | |
| EC1 | 0.724 | | | | 0.524 |
| EC2 | 0.741 | | | | 0.549 |
| EC3 | 0.735 | | | | 0.540 |
| EC4 | 0.729 | | | | 0.531 |
| EC5 | 0.737 | | | | 0.543 |
| EC6 | 0.730 | | | | 0.533 |
| EC7 | 0.733 | | | | 0.537 |

*λ = standardised factor loading; AVE = Average Variance Extracted; CR = Composite Reliability; MSV = Maximum Shared Variance; $R^2$ = squared multiple correlation. All loadings significant at p < .001. Model fit: $\chi^2/df = 2.14$; CFI = 0.953; TLI = 0.946; RMSEA = 0.068 [0.052–0.083]; SRMR = 0.057.*

### *3.5. Data Analysis*

The collected data were analyzed using a sequential strategy combining descriptive and inferential statistical techniques, consistent with the quantitative and relational objectives of the study. Descriptive statistics were computed in the first stage to characterize the demographic composition of the sample and to summarize respondents' mean perceptions of organizational communication, internal branding, and employee commitment. Pearson correlation analysis was conducted in the second stage to examine bivariate relationships among the three primary constructs. Correlation analysis offers an initial assessment of the direction and magnitude of inter-variable associations prior to more complex multivariate modeling, and provides empirical grounding for the theoretical propositions regarding the interdependence of communication, branding, and commitment advanced in the literature review. Multiple linear regression analysis was performed in the third stage to examine the combined and independent predictive effects of organizational communication and internal branding on employee commitment. Multiple regression is well-suited to determining the relative contribution of each predictor to the explained variance in the outcome variable while controlling for the effects of the other predictor. Employee commitment was specified as the dependent variable, with organizational communication and internal branding as the independent predictors. Regression coefficients, standard errors, significance levels, and the overall model fit statistic were reported to characterize the nature and strength of the predictive relationships. All analyses were conducted using established statistical software, and significance was evaluated at the conventional threshold of $p < 0.05$. In a fourth analytical stage, mediation analysis was conducted to test H4, examining the indirect effect of Organizational Communication on Employee Commitment through Internal Branding as a mediator. The analysis followed the causal steps approach of Baron and Kenny [108] and was supplemented by bootstrapped indirect effect estimation using 5,000 bootstrap samples to construct bias-corrected 95% confidence intervals for the indirect effect (a × b path). Bootstrapping is preferred in the mediation literature because it does not assume a normal sampling distribution for the product of regression coefficients [107]. A significant

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indirect effect whose confidence interval excludes zero constitutes evidence of mediation; persistence of a significant direct effect indicates partial rather than full mediation.

## 4. Results

### *4.1. Correlational Analysis*

All three constructs display strong positive intercorrelations, offering initial empirical grounding for the integrated framework proposed in the study (Table 3). The pattern of associations is consistent across all pairs and coherent with the theoretical expectations set out in the literature review. Taken together, these correlations also provide early evidence that the internal organizational conditions examined here, namely communication quality, brand internalization, and employee commitment, operate as a coherent system rather than as independent variables, a pattern consistent with the study's broader argument that their combined cultivation constitutes a pathway to organizational sustainability in private healthcare. The correlation between Organizational Communication and Employee Commitment stands at r = 0.582. What this figure conveys is not merely statistical association but a substantively meaningful organizational dynamic: healthcare professionals who experience their internal communication environment as structured, transparent, and responsive tend to feel considerably more attached to their institution. Communication quality, in this light, is not an organizational amenity but a mechanism through which trust is built, uncertainty is managed, and professional identity becomes anchored to the institution. The strength of this relationship reflects the particular weight that communication carries in clinical settings, where role clarity and interdisciplinary coordination are preconditions for both effective care and sustained staff engagement. From a sustainability standpoint, this association is consequential: communication environments that generate commitment also tend to generate retention, and it is the cumulative continuity of a committed and stable workforce that underpins the service consistency on which sustainable organizational performance depends.

**Table 3.** Relationships between the constructs.

| Variables | Organizational Communication | Internal Branding | Employee Commitment |
|---|---|---|---|
| Organizational Communication | 1.000 | 0.524 | 0.582 |
| Internal Branding | | 1.000 | 0.547 |
| Employee Commitment | | | 1.000 |

Internal Branding correlates with Employee Commitment at r = 0.547. The substantive interpretation here is that employees who genuinely absorb and identify with organizational values, rather than simply conforming to them as an external requirement, exhibit higher and more stable levels of commitment. This distinction matters: compliance can be sustained through managerial pressure, but identification is self-reinforcing. The association confirms that internal branding, when effective, produces a shift in how employees relate to the organization that goes well beyond behavioral alignment. The sustainability implications are significant, as identification-driven commitment is more durable across organizational change, less sensitive to fluctuations in managerial attention, and more likely to translate into the consistent, values-aligned professional conduct that private healthcare institutions depend on to maintain both care quality and institutional reputation over time. The correlation between Organizational Communication and Internal Branding is r = 0.524. This association reveals that the two constructs are not functionally independent: effective communication creates the organizational conditions under which brand values can be transmitted, understood, and meaningfully internalized. Without communicative infrastructure, internal branding initiatives remain declarative rather than operational. This interdependence also has implications for organizational sustainability: when communication and branding reinforce one

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another as a functioning system, the resulting internal alignment is more resilient and self-sustaining than either mechanism could produce independently, making the organization less dependent on periodic top-down interventions to maintain workforce coherence and institutional identity.

*4.2. Multiple Regression Analysis*

The multiple regression analysis moves beyond bivariate associations to assess the independent predictive contribution of each construct when the other is statistically controlled. Both Organizational Communication and Internal Branding emerge as significant positive predictors of Employee Commitment, confirming H1 and H2 (Table 4). The coexistence of two distinct and significant predictive pathways is itself noteworthy from a sustainability perspective: organizations that invest in both communication quality and brand internalization are not simply doubling down on a single mechanism but activating two separable routes to commitment whose combined effect is more robust and less vulnerable to disruption than reliance on either alone. Organizational Communication yields a standardized coefficient of $\beta = 0.413$. This effect is substantial: for every one-unit increase in perceived communication effectiveness, employee commitment rises by 0.413 units net of internal branding. What makes this finding analytically important is not the coefficient in isolation but what it implies about mechanism. Communication contributes to commitment through pathways that operate independently of brand internalization: the relational trust that flows from transparent leadership messaging, the reduced ambiguity produced by functioning feedback systems, and the sense of institutional inclusion that participatory communication structures afford. These are direct effects, not mediated ones, and they account for a considerable share of variation in commitment. Their sustainability relevance lies in their structural quality: trust, role clarity, and inclusion are not episodic organizational outcomes but cumulative ones, built through the consistent operation of communication systems over time and progressively more difficult for competitors to replicate as they become embedded in organizational culture. Internal Branding returns $\beta = 0.324$. This coefficient represents the portion of commitment variance attributable to brand internalization that cannot be explained by communication quality alone. The implication is that employees who identify with their organization's values are more committed not simply because they work in well-communicating institutions, but because the identity-based effects of internal branding constitute a distinct motivational pathway. This pathway is particularly consequential for organizational sustainability: identity-based commitment is self-reinforcing in ways that externally incentivized or compliance-driven engagement is not, making it a more durable foundation for the workforce stability, service consistency, and cultural coherence that private healthcare organizations require to perform reliably over time. The two predictors are complementary rather than redundant: each captures a separable dimension of how private healthcare organizations secure the engagement and alignment of their staff, and their joint presence in the regression model suggests that sustainable workforce commitment in this sector is most effectively cultivated through the simultaneous development of both strategic levers.

**Table 4.** Multiple Regression Analysis.

| Predictor | Unstandardized Coefficient (β) | P |
|---|---|---|
| Constant | 0.784 | <.05 |
| Organisational Communication | 0.413 | <.05 |
| Internal Branding | 0.324 | <.05 |

Dependent Variable: Employee Commitment.

*4.3. Mediation Analysis*

The mediation analysis tests H4 by examining whether Internal Branding transmits part of the effect that Organizational Communication exerts on Employee Commitment (Table 5). The results confirm this mechanism and support the hypothesis of partial mediation. The indirect effect,

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estimated through bootstrapped bias-corrected confidence intervals, is β = 0.170 (SE = 0.039, 95% BC-CI [0.105, 0.254], p < .001). Since the interval excludes zero, mediation is established. This indirect path accounts for 29.2% of the total effect of Organizational Communication on Employee Commitment (total effect β = 0.582), a proportion substantial enough to carry genuine theoretical and practical significance. Specifically, nearly a third of the commitment that effective communication generates among healthcare employees operates not through communication's direct relational effects but through a sequential process: communication enhances the clarity and salience of brand values, employees absorb those values more readily, and this deeper identification with the organization produces additional commitment beyond what communication quality alone would yield. The sustainability implications of this sequential pathway are worth noting explicitly. Brand internalization, as the mediating mechanism, converts communicative inputs into identity-level outcomes that are more stable and self-sustaining than commitment rooted in relational goodwill or managerial responsiveness alone. Organizations that develop both the communicative infrastructure and the internal branding practices necessary to activate this indirect pathway are therefore cultivating commitment through a mechanism that compounds over time, generating progressively deeper workforce alignment as brand identification consolidates across professional experience and organizational tenure. At the same time, the direct effect of Organizational Communication on Employee Commitment remains strong and statistically significant after Internal Branding enters the model (β = 0.413, p < .001). Full mediation is therefore ruled out. Communication retains autonomous influence over commitment through mechanisms that brand internalization does not explain, including the trust and psychological safety associated with open, consistent, two-way internal dialogue. From a sustainability perspective, this retained direct effect is equally important: it means that the organizational value of effective communication does not depend entirely on its capacity to amplify internal branding. Even in contexts where brand internalization is incomplete or uneven across professional groups, as is frequently the case in the multidisciplinary environments of private healthcare, structured and participatory communication systems continue to generate commitment through their own relational and coordinative mechanisms. The picture that emerges is of a construct that operates on commitment along two distinct routes simultaneously: one direct, one sequential through brand identity. Together, these parallel pathways suggest that the most organizationally sustainable configuration is one in which communication and internal branding are developed in concert, each reinforcing the other while independently contributing to the workforce commitment on which durable institutional performance depends.

**Table 5.** Mediation Analysis.

| Path | β | SE | 95% BC-CI | p |
|---|---|---|---|---|
| Path a: OC → IB | 0.524 | 0.054 | [0.417, 0.631] | < .001 |
| Path b: IB → EC (controlling OC) | 0.324 | 0.057 | [0.212, 0.436] | < .001 |
| Direct effect (c'): OC → EC | 0.413 | 0.059 | [0.297, 0.529] | < .001 |
| Total effect (c): OC → EC | 0.582 | 0.052 | [0.480, 0.684] | < .001 |
| Indirect effect (a×b): OC → IB → EC | 0.170 | 0.039 | [0.105, 0.254] | < .001 |

*Note. OC = Organisational Communication; IB = Internal Branding; EC = Employee Commitment. Standardised β coefficients reported. Indirect effect estimated via bootstrapping (5,000 samples), bias-corrected 95% CI. Percentage of total effect mediated = 29.2%.*

The findings provide empirical support for the central premise of the study: that organizational communication and internal branding function as genuine strategic management tools in private healthcare settings rather than as peripheral administrative concerns, and that their combined cultivation represents a meaningful pathway to organizational sustainability in this sector. The strong positive correlations establish that improvements in communication structures are associated with stronger brand internalization and higher levels of employee commitment, a pattern that holds across the sample with a consistency that lends confidence to the theoretical propositions advanced in the

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literature review. The regression analysis extends this picture by demonstrating that both constructs exert independent and substantively meaningful predictive effects on employee commitment, even when the influence of the other predictor is held constant. This confirms that organizational communication and internal branding are not interchangeable proxies for the same underlying phenomenon but constitute distinct, complementary levers through which private healthcare organizations can strengthen internal alignment, cultivate a more committed professional workforce, and build the institutional coherence that sustainable performance over time requires. The mediation findings add a further layer of theoretical precision to this picture. The confirmation that internal branding partially mediates the relationship between organizational communication and employee commitment reveals that the two constructs do not simply operate in parallel but are causally linked in ways that amplify their combined effect. Part of communication's value as a strategic tool lies precisely in its capacity to enhance the reach and depth of internal branding, which in turn generates a form of identity-based commitment that is more durable, less contingent on managerial intervention, and more directly aligned with organizational sustainability than compliance-driven engagement. This sequential pathway, from communication to brand internalization to commitment, constitutes the study's most consequential theoretical contribution: it specifies a mechanism through which private healthcare organizations can develop workforce alignment that compounds over time rather than requiring continuous external reinforcement. Taken together, these results sit comfortably within the broader tradition of contemporary organizational theory, which holds that in knowledge-intensive and high-stakes environments, the cultivation of internal alignment is not a secondary management priority but a foundational condition for sustained organizational effectiveness. In private healthcare specifically, where service excellence, professional accountability, and patient trust are simultaneously at stake in every clinical interaction, the practical significance of these internal alignment mechanisms is difficult to overstate. Managerial investment in structured communication systems and coherent internal branding initiatives emerges from this analysis not as an optional enhancement but as a strategically consequential commitment with measurable implications for organizational cohesion, staff orientation, service consistency, and the kind of institutional resilience that defines organizational sustainability in the competitive and ethically demanding environment of private healthcare.

## 5. Discussion

This study set out to examine whether organizational communication and internal branding function as strategic management tools in private healthcare organizations, and to specify the mechanisms through which they jointly shape employee commitment as a foundational condition for organizational sustainability. The findings address both the study's stated aim and the gap in the literature identified in the introductory sections: the absence of an integrative empirical framework positioning these two constructs as interdependent strategic levers within the distinctive institutional context of private healthcare, and the insufficient attention given in existing research to how internal alignment mechanisms contribute to the long-term sustainability of healthcare organizations. All four hypotheses are supported and this consistency across all four hypotheses strengthens confidence in the theoretical framework and in the analytical conclusions drawn from it. The confirmation of H1 is consistent with a well-established body of research on the role of internal communication in fostering organizational commitment. Indradevi and Veronica [17] demonstrated that organizations investing in transparent, employee-centered communication cultivate higher levels of engagement and institutional loyalty, and the present findings reinforce this argument in the specific context of private healthcare. Meneses-La-Riva et al. [27] similarly showed that symmetrical, two-way communication processes produce stronger employee-organization relationships, a mechanism that maps directly onto the dynamic observed here. What the present study adds to this line of research is specificity of context: the effect of communication on commitment is particularly consequential in clinical environments because these settings combine high professional autonomy with high task interdependence, creating conditions under which the quality of internal dialogue has an unusually

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direct bearing on staff orientation and institutional belonging. The sustainability dimension of this finding deserves emphasis: communication-generated commitment tends to express itself in reduced turnover, greater service continuity, and more stable interdisciplinary collaboration, outcomes that accumulate over time and whose aggregate effect on organizational sustainability is considerably larger than any single cross-sectional measure of commitment can fully capture.

The acceptance of H2 aligns with findings reported by several studies [57,75,84], which documented significant relationships between internal branding processes and employee brand commitment and identification in service organizations, as well as the study of Barros-Arrieta and García-Cali [18,72], whose review of the internal branding literature consistently positioned brand internalization as a precondition for behavioral alignment and organizational commitment. The present findings extend this work to the private healthcare context, where it has been less systematically examined, and confirm that the identity-based mechanisms through which internal branding operates are not sector-specific to hospitality or financial services but apply with comparable force to clinical professional environments. The coefficient for Internal Branding, while slightly smaller than that for Organizational Communication, is nonetheless substantial, indicating that brand internalization constitutes a meaningful and separable source of employee commitment rather than a secondary byproduct of communication quality. From a sustainability standpoint, this separability is significant: it means that even in organizations where communication infrastructure is constrained, targeted investment in internal branding can generate commitment through identity-based pathways that are independently operative and whose effects on workforce stability and professional alignment are durable rather than contingent on continuous managerial reinforcement.

The confirmation of H3 is consistent with theoretical and empirical accounts of the communication-branding interface provided by Sharma and Kamalanabhan [51] and Saleem and Iglesias [59], both of whom argued that internal communication functions as the primary medium through which brand values are transmitted and made operationally meaningful for employees. Liu, Ko, and Chapleo [54] similarly emphasized that managing employee attention toward brand identity requires deliberate and structured communicative strategies. The correlation observed in the present study reflects this interdependence since organizations with more effective communication infrastructures are also the organizations in which internal branding is more salient, better understood, and more behaviorally consequential. This finding carries a structural implication that goes beyond bivariate association: it suggests that investments in communication quality simultaneously strengthen the platform on which internal branding rests. The sustainability implication follows directly: organizations that develop communication and branding as an integrated system rather than as parallel functions are building a form of internal alignment that is mutually reinforcing and therefore more resilient over time than either mechanism could produce in isolation.

The mediation finding, which supports H4 and constitutes the study's most novel analytical contribution, extends prior research in a direction that the existing literature had not yet pursued empirically within healthcare settings. While the theoretical case for a sequential OC-IB-EC pathway was implicit in several prior accounts, including those of Barros-Arrieta and García-Cali [18,72] and Saleem and Iglesias [59], no study had modeled this indirect path formally or estimated its magnitude relative to the total effect. The present analysis establishes that 29.2% of the total influence of Organizational Communication on Employee Commitment operates through Internal Branding as a mediating mechanism. This is a substantively meaningful proportion: it means that a significant share of the commitment-building power of effective communication is channelled through its capacity to make brand values more intelligible, more credible, and more professionally resonant for healthcare employees. The sustainability significance of this sequential pathway is considerable: commitment generated through brand internalization, as the mechanism linking communication to its indirect effect on commitment, is identity-based and therefore more self-sustaining, less dependent on managerial attention, and more likely to persist across organizational transitions than commitment produced through relational goodwill or external incentive alone. At the same time, the direct effect

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remains large and significant, confirming that communication also builds commitment through its own immediate relational and structural effects, independent of brand internalization. Partial mediation, rather than full mediation, is therefore the more accurate and theoretically appropriate description of the relationship, and one that carries practical implications considered below.

Taken together, these findings speak directly to the gap in the literature identified at the outset of the study. Prior research has examined organizational communication and internal branding as functionally separate domains, often in organizational contexts that do not account for the distinctive professional dynamics of healthcare settings, and has given insufficient attention to the contribution of these constructs to organizational sustainability as a strategic outcome in its own right. The present study demonstrates empirically that in private healthcare organizations these two constructs operate as a strategically integrated system rather than as parallel administrative functions, and that their combined deployment explains a meaningful and practically significant share of variance in employee commitment, which the study positions as a proximate condition for sustainable organizational performance. In addressing this gap, the study contributes an integrative analytical framework that situates private healthcare management within a broader tradition of strategic human resource management while attending to the sector-specific features, particularly the coexistence of professional autonomy, hierarchical clinical structures, and patient-centered ethical commitments, that complicate the application of generic management models and that make the pursuit of organizational sustainability through internal alignment mechanisms both more challenging and more consequential than in most other service sectors.

## 6. Conclusion, Implications and Research Limitations

This study examined organizational communication and internal branding as strategic management tools in private healthcare, assessing their combined and individual contributions to employee commitment and, through it, to the organizational sustainability of private healthcare institutions. A sample of 247 healthcare professionals provided the quantitative data through which four interrelated hypotheses were tested. All four are confirmed: Organizational Communication and Internal Branding each exert significant positive direct effects on Employee Commitment, they are themselves strongly and positively associated with one another, and Internal Branding partially mediates the relationship between Organizational Communication and Employee Commitment, accounting for approximately 29% of the total communicative influence on commitment. These results carry a clear message for the management of private healthcare organizations. Commitment among clinical and administrative staff is not a residual outcome of favorable working conditions. It is actively shaped by the quality of internal communication and by the degree to which employees genuinely identify with their organization's brand values. Treating these as peripheral or secondary management concerns, or as independent levers to be deployed in sequence, is likely to underperform relative to a coordinated approach in which communication strategy and internal branding are developed and sustained as a unified organizational system. The sustainability implications are equally direct: private healthcare institutions that invest in this kind of internal alignment are building workforce cohesion and institutional identity that accumulate over time, reduce dependence on external incentives, and generate the service consistency and staff stability on which long-term competitive positioning depends.

### *6.1. Managerial Implications*

The findings of the current study carry several concrete implications for managers and administrators in private healthcare organizations. Investment in structured internal communication systems that promote transparency, genuine feedback, and interdisciplinary dialogue is a clear priority emerging from the analysis. In practical terms, this encompasses regular team briefings, well-functioning digital communication platforms, participatory decision-making processes, and sustained leadership visibility at the frontline. Strengthening these channels has the potential to reduce organizational silos, foster collaborative cultures, and build the shared understanding that

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effective clinical work requires. The sustainability value of these investments is cumulative: communication environments that generate trust and role clarity tend to retain staff more effectively, producing continuity of care relationships and institutional knowledge that neither training expenditure nor recruitment activity can easily substitute. Internal branding initiatives should be systematically aligned with communication strategies rather than developed in parallel. Brand values, mission statements, and service standards need to be continuously communicated and reinforced across multiple organizational touchpoints, including training programs, onboarding processes, performance evaluation conversations, and the everyday behavior of organizational leaders. The external brand promise extended to patients carries credibility only insofar as it is consistently reflected in the internal organizational reality that employees inhabit. The mediation finding gives this recommendation additional weight: a substantial share of the commitment generated by effective communication operates precisely through the enhanced brand internalization that structured communication enables, which means that parallel investment in both levers simultaneously yields returns that neither can produce independently.

Leadership emerges from the analysis as particularly consequential within this integrated framework. Leaders serve not only as conduits of strategic information but as the most visible embodiment of organizational values in daily practice. Where there is demonstrable consistency between what leaders say and how they act, credibility is strengthened and employee commitment is reinforced in ways that formal communication programs alone cannot replicate. Senior and middle managers in private healthcare should therefore be supported in developing the communicative competencies and brand-modeling behaviors that this integrative role demands. Over time, leaders who sustain this consistency contribute to a form of organizational culture in which communication and brand values are mutually reinforcing, creating the stable internal identity that sustainable competitive performance in private healthcare requires. More broadly, private healthcare organizations seeking sustainable competitive advantage would do well to treat employee commitment not as a secondary organizational benefit but as a strategic outcome in its own right, and one whose cultivation requires the kind of integrated managerial attention to communication and internal branding that this study documents empirically. Investment in communication quality and internal brand coherence can yield measurable returns in staff retention, service consistency, and the patient trust and institutional reputation on which long-term competitive positioning depends.

### *6.2. Research Limitations*

The study is subject to a number of limitations that should inform the interpretation of its findings and guide the directions of subsequent research. The cross-sectional research design, while appropriate for the relational objectives of the study, precludes causal inference. The strong associations identified are consistent with the theoretical propositions advanced, but longitudinal research would be necessary to confirm the directionality of relationships among communication, internal branding, and employee commitment over time, and to trace the sustainability-relevant outcomes, including workforce stability and long-term service quality, that cross-sectional data cannot capture. The reliance on self-reported questionnaire data introduces the possibility of common method bias, since all variables were measured using a single instrument administered to the same respondents. Future research could strengthen validity by incorporating multi-source data, including managerial assessments, peer evaluations, or objective performance indicators that complement self-report measures. The sample, while adequate for the analyses performed, was drawn from private healthcare institutions within a single national context, and the generalizability of the findings to public healthcare systems or to different institutional environments remains an open question. Comparative studies examining private and public healthcare organizations would be a productive avenue for establishing whether the strategic roles of communication and internal branding, and their contribution to organizational sustainability, are consistent across institutional contexts or vary in theoretically significant ways. Finally, the exclusive focus on employee commitment as the outcome variable, while theoretically justified, leaves open questions about the

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downstream effects of communication and internal branding on broader performance indicators. Future research incorporating patient satisfaction measures, service quality assessments, and organizational performance and sustainability metrics would provide a more comprehensive account of the strategic returns associated with investment in internal alignment mechanisms, and would strengthen the empirical case for treating communication and branding as core instruments of sustainable healthcare management rather than as supplementary organizational functions.

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