

**Strategic Ambiguity in Physiotherapy Service Identity:
Implications for Value Proposition and Competitive Positioning of
NK health clinics**



Thesis

By

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MASTER OF BUSINESS ADMINISTRATION

IPMI INSTITUTE

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CERTIFICATE OF APPROVAL

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We presently declare that this Thesis is from student's own work, has been read and presented to IPMI Institute Board of Examiners, and has been approved as part of the requirements needed to acquire a Master of Business Administration Degree and is considered to be satisfactory.

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NON-PLAGIARISM DECLARATION FORM

I hereby formally declare that this thesis entitled "Strategic Ambiguity in Physiotherapy Service Identity: Implications for Value Proposition and Competitive Positioning of NK Health Clinics" is my completely original work.

Where contributions of others were engaged, every attempt has been taken to convey this clearly with proper reference to the literature and acknowledgment of collaborative research, academic guidance, and scholarly discussions.

I declare that this thesis is submitted in partial fulfillment of the necessary requirements for the Master of Business Administration degree at IPMI Institute and has not previously been submitted or accepted in material form for any degree, diploma, or academic qualification at any other school. This thesis is also not submitted concurrently for any other degree or academic prestigious honor.

Jakarta, August, 20th, 2026



(Henny Taurina Isnawati)

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It hopes this thesis will provide some meaningful insights for NK Health Clinic, healthcare service management, and future study into physiotherapy service identity, value proposition, and competitive positioning.

Henny Taurina Isnawati

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ABSTRACT

This study investigated the strategic ambiguity of physiotherapy services identity and its influence on the value proposition and competitive position of NK Health Clinic because the clinic possessed adequate physiotherapy capabilities and positive patient experiences yet stakeholders interpreted its service identity inconsistently which generated unclear recognition of what the clinic should be known for within the physiotherapy industry. Researchers applied a qualitative single-case study design while collecting data through document analysis and semi-structured interviews with the clinic owner management marketing physiotherapists and patients and employed qualitative data analysis software to conduct thematic analysis of the data. Results indicated that NK Health was consistently identified as a physiotherapy-oriented health care provider, but its specialization was perceived as musculoskeletal rehabilitation, pain management, neuro-musculoskeletal care, sports injury treatment, and integrated physiotherapy services. Stakeholders agreed strongly on the value proposition of the clinic, which was built on communication, empathy, trust, comfort, detailed explanation, professional problem-solving ability, and patient-centered care. The study revealed that NK Health's primary difficulty was not low quality of service but a requirement to clarify, align, and articulate its existing value more consistently. An enhanced clarity of positioning and stronger service identity might assist NK Health to improve its competitive position.

Key Words : Physiotherapy service identity, strategic ambiguity, value proposition, competitive positioning, patient-centred care

CHAPTER I

Introduction

1.1 Background Study

Healthcare systems have placed growing emphasis on rehabilitation, functional recovery, quality of life, and patient-centred treatment across the past two decades, and this shift has driven the physiotherapy sector through profound structural change. Contemporary healthcare delivery now integrates physiotherapy as a core component rather than treating it as a secondary clinical service, for the profession actively supports prevention, rehabilitation, chronic-disease management, sports-performance enhancement, and sustained functional independence. According to Moral-Munoz et al. (2018), research on the evolution of physiotherapy demonstrates the field's advancing scientific maturity together with its widening scope and thereby confirms the profession's rising significance inside society and healthcare systems. The maturation of the profession has simultaneously heightened competition within the physiotherapy market as the expansion of private physiotherapy clinics, hospital-based rehabilitation units, sports-medicine facilities and multidisciplinary healthcare providers has created a marketplace that affords customers substantially wider choice than earlier decades permitted, while organisations operating in this competitive service environment can no longer achieve enduring success solely through clinical competence or technical skill but must instead define precisely the value they generate, the manner in which stakeholders perceive that value and the distinctive attributes that set them apart from rival providers. Porter (1985) asserts that firms obtain lasting competitive advantage when they occupy unique positions that competitors find difficult to imitate, and distinctiveness grows increasingly critical as multiple providers deliver essentially comparable clinical services and treatment methods.

Patients select healthcare services according to multiple criteria that extend beyond clinical outcomes, and this variety renders competitive positioning in healthcare particularly complex since service quality, communication quality, trust, professional reputation, patient experience, accessibility and organisational image collectively determine the value stakeholders assign to any provider. Healthcare-marketing research has confirmed that positioning and brand image affect patient satisfaction, organisational performance, and long-term competitiveness, and according to Sciulli and Missien (2015) healthcare organisations need to develop a clear understanding of the perception that they wish stakeholders to hold together with the means of communicating their distinctive strengths while contemporary service-management literature places even stronger emphasis on the creation of value. A value proposition constitutes the set of benefits an organisation delivers to clients and supplies the rationale that leads customers to prefer one supplier over available alternatives (Osterwalder and Pigneur, 2010). More recently, the research has demonstrated that value propositions are not static statements but vary through interactions between businesses and stakeholders (Piepponen et al., 2022). Digital transformation, evolving consumer expectations and the increasing complexity of services are continuously changing how firms create and deliver value. This view relates to the Service-Dominant Logic (SDL) that states that the value is not incorporated in the services, but it is co-created in the interactions between providers and customers (Vargo & Lusch, 2004). In the healthcare sector, the treatment methods themselves do not generate value; it is the connections that are formed between healthcare workers and patients that create value. Batalden et al. (2016) state that healthcare services are co-produced by nature, as the patient outcomes depend on constant engagement, involvement, communication, and collaboration between clinicians and patients. Patient views form a vital element of organisational value understanding.

Value from a patient perspective extends beyond technical treatment outcomes, as studies have demonstrated that communication, trust, quality service, provision of cleanliness, patient experiences, and interpersonal

relationships carry considerable importance for patient satisfaction and loyalty, while positive healthcare experiences lead patients to develop trust, refer services to others and remain loyal to healthcare providers (Ai et al., 2022), and these findings show that healthcare companies need to understand not only the services they deliver but also the ways patients perceive those services and the contribution of those experiences to corporate positioning.

This difficulty gains particular relevance within physiotherapy services as the field differs markedly from highly standardised healthcare procedures and relies heavily on communication quality, therapist expertise, patient participation, professional relationships, and extended rehabilitation processes. According to Darlow et al. (2024) earlier investigations have established that physiotherapy organisations frequently operate under intense competitive pressure in which service quality and professional identity serve as essential differentiating attributes so that physiotherapy organisations need to articulate a precise service identity and specify the precise manner in which they deliver value to patients.

NK Health's organisational profile demonstrates substantial commitment to physiotherapy capability through the delivery of musculoskeletal physiotherapy, neurological physiotherapy, sports physiotherapy, women's health services, ergonomics-related interventions, and specialised rehabilitation programmes. While the organisation simultaneously emphasises therapist training, comprehensive patient assessment, service quality standards, continuous professional development, and growth across multiple branches throughout Indonesia, it has intensified the necessity of maintaining a consistent organisational brand and uniform service experience across diverse regions.

These organisational strengths present a strategic dilemma about how stakeholders perceive the physiotherapy identity of NK Health as at the beginning of the study. Management possessed little evidence that physiotherapists, managers, patients, the clinic owner, and marketing professionals understood this identity in the same way. The researcher also sought to explore the value proposition emerging from stakeholder

perspectives together with the manner in which interviewed patients experienced this value while the questions served as the starting point for exploring service identity and value without any prior assumptions about the extent or form of stakeholder agreement.

Continued expansion of service branches and innovation initiatives raises questions concerning the attributes for which NK Health should primarily be recognised within the physiotherapy sector, and the study investigates whether confusion exists about service identity in stakeholder interpretations and how these interpretations correspond with perceived competitive positioning, branding tactics and communication methods.

Service identity constitutes a critical managerial concern, as it forms the essential linkage between value generation and competitive positioning. While organisations that possess a coherent identity typically succeed in aligning stakeholders, differentiating their offerings and securing stronger market recognition, and organisations that disseminate multiple or conflicting identity narratives frequently struggle to communicate their strengths to stakeholders in a consistent manner.

The present research examines the ways in which stakeholders interpret the physiotherapy service identity of NK Health, the value proposition from stakeholder perspectives, the experience of this value by the interviewed patients, and the relation of these interpretations and the value proposition to perceived competitive positioning. The study advances understanding of strategic ambiguity within physiotherapy organisations and supplies practical implications for healthcare service management through its exploration of the interconnections among stakeholder interpretation, service identity, value proposition, and perceived competitive positioning.

1.1.1 Company Background

NK Health operates as a healthcare organisation founded in 2015 with the explicit aim of delivering superior rehabilitation and physiotherapy services, while the organisation has subsequently broadened its scope to encompass general medical care and dental services, yet physiotherapy retains its position

as the historical and stated core service and the foundational element upon which the entity was created and the organisation aspires to occupy the position of the highest-rated healthcare service provider as it centres its mission upon rehabilitation wellness high-quality physiotherapy delivery and the implementation of standardised operating procedures.

The organisation presently maintains branches across multiple locations in Indonesia that include Jakarta Bekasi Tangerang Surabaya and Makassar (NK Health, n.d.) as this geographic expansion embodies the organisation's intention to improve patient accessibility and to enlarge its presence within the healthcare market while organisational maturation elevates the importance of preserving a uniform service identity and consistent patient experience at every site.

NK Health delivers an extensive range of physiotherapy services that comprise musculoskeletal physiotherapy, neurological physiotherapy, sports physiotherapy, and women's health services. ergonomics-related interventions and specialised rehabilitation therapies, while the organisation incorporates diverse rehabilitation technologies and therapeutic techniques that support patient recovery processes and continual professional development, systematic therapist training, thorough patient evaluation and evidence-based rehabilitation protocols constitute central elements of its treatment delivery model.

Patient-centred physiotherapy services represent a defining characteristic of NK Health as the company profile designates therapist expertise rehabilitation quality and patient outcomes as core corporate priorities while the organisational structure rests upon the interrelated principles of recovery performance enhancement and expert physiotherapy care that enable patients to achieve pain-free daily living.

The service portfolio of the organisation has expanded substantially in parallel with its geographic and clinical growth as such expansion creates opportunities for further development and innovation and simultaneously generates strategic questions concerning the manner in which NK Health should define and communicate its physiotherapy identity while the

progressive introduction of additional service areas, clinical specialties and future-orientated innovations intensifies the challenge of achieving clear market differentiation, and this organisational setting supplies the contextual foundation for the present investigation



Figure 1. Photo of Clinic and Building View

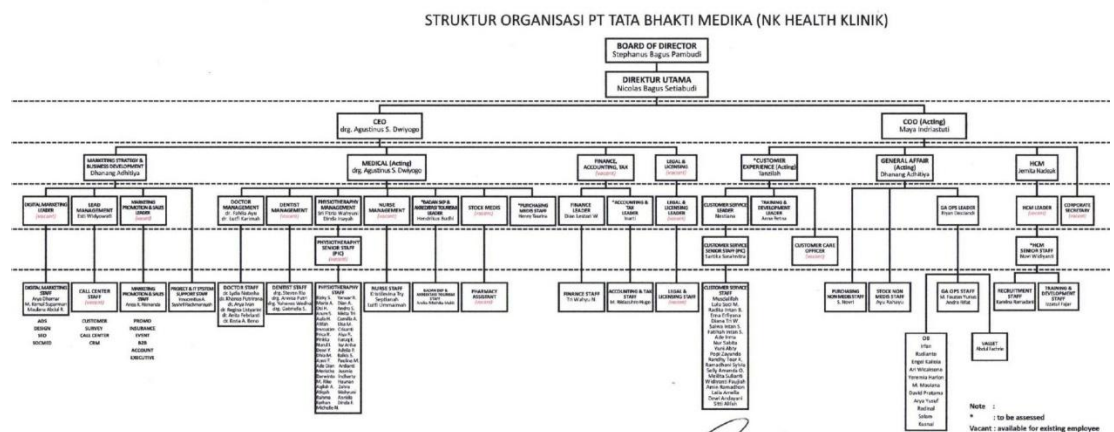


Figure 2. NK Health Organizational Structure

1.2 Problem Statement

The physiotherapy sector has intensified its competitive intensity because patients now encounter an expanding array of healthcare providers that deliver comparable clinical services. Organisations operating in this setting must combine the delivery of high-quality care with the construction of a distinctive service identity that enables stakeholders to identify clearly the attributes distinguishing them from competing providers as service identity assumes particular importance within physiotherapy because patient decision-making incorporates trust professional credibility communication quality and perceived expertise together with clinical outcomes.

NK Health exhibits multiple attributes that characterise organisational strength, as the clinic employs trained physiotherapists, maintains several operational branches, applies standardised service protocols, utilises dedicated rehabilitation facilities and sustains a favourable reputation for patient-centred care, while these organisational qualities provide a platform for investigating stakeholder perceptions of the physiotherapy service identity and value proposition.

The investigation identified a central strategic challenge as stakeholders do not interpret the physiotherapy identity of NK Health in a uniform manner while physiotherapy constitutes the clinic's core service and receives universal recognition as such yet different stakeholder groups emphasise distinct domains of organisational expertise with certain respondents primarily describing NK Health as a musculoskeletal rehabilitation provider whereas others foreground pain management neurological rehabilitation sports physiotherapy integrated healthcare services or patient-centred treatment and the clinic owner simultaneously pursues service innovation across emerging domains that encompass pelvic health brain stimulation wellness programmes and technology-enabled healthcare services.

The core strategy question is how stakeholders interpret the physiotherapy identity of NK Health, as physiotherapy is the clinic's main service, while management does not have enough evidence about whether diverse stakeholder groups understand its areas of competence in the same way.

This ambiguity presents a strategic challenge about the organisation's perceived position within the physiotherapy sector as NK Health has wide clinical capabilities and a number of service strengths while further evidence is required on the traits for which the clinic should be principally recognised and the capabilities it should project in the marketplace.

If present, such ambiguity may hinder the organisation's ability to articulate its uniqueness within the physiotherapy marketplace, as a lack of clarity may also hinder stakeholder alignment and the consistent communication of the organisation's capabilities across numerous branches.

The main management issue under investigation in this study is the strategic uncertainty regarding the identification of NK Health's physiotherapy service. Understanding how stakeholders perceive the clinic's identity, the value proposition arising from their accounts and experiences, and how these elements relate to perceived competitive positioning offers essential guidance for future strategic decisions concerning positioning, branding service development, and organisational alignment.

1.3 Research Questions

The research questions addressed in this study are based on the research background and problem statement:

1. What is the physiotherapy service identity of NK Health as perceived and described by key stakeholders?
2. What value proposition emerges from stakeholder accounts of NK Health's physiotherapy service, and how is this value experienced by the interviewed patients?
3. How do stakeholder interpretations and the value propositions relate to NK Health's perceived competitive positioning?
4. What strategic measures follow from the organisational diagnosis to decrease service identity uncertainty and strengthen consistency in NK Health's service communication and execution?

1.4 Research Objectives

The main aim of this research is to investigate stakeholder perceptions of the identity, value proposition and perceived competitive positioning of physiotherapy services at NK Health Clinic.

In order to achieve this objective, the study is intended to:

1. To investigate how key stakeholders interpret and describe the identity of the physiotherapy service of NK Health.
2. To establish the value proposition that emerges from stakeholder accounts of NK Health's physiotherapy service and explore how this value is experienced by the interview patients.
3. To explore how stakeholder interpretations and the value propositions relate NK Health's perceived competitive positioning.
4. To formulate strategic suggestions based on organisational diagnosis to minimize service identity uncertainty and strengthen consistency in NK Health's communication and execution.

1.5 Research Contribution

This study will aim to provide practical, managerial and academic contributions in relation to physiotherapy service identity, value proposition and competitive positioning in healthcare service organisations.

1.5.1 Practical Contribution

- a. The study finding will provide significant insights that can help NK Health Clinic to comprehend the manner in which the interviewed stakeholders perceive the identity of its organisational physiotherapy service and how these perception relate to the value proposition and perceived competitive positioning.
- b. The findings will identify areas of consensus and divergence among the interviewed physiotherapists, management, marketing representatives, patients, and the clinic owner regarding the organisation's strengths, areas of specialisation, and service priorities.

- c. The investigation will further supply evidence-based knowledge that can supports NK Health in articulating its service identity, reinforcing internal alignment, and refining the communication of its value proposition.
- d. Recognition of stakeholder evaluations of the organisation together with the interviewed patient's assessments of experienced value will provide a basis for management to formulate more informed strategic decisions regarding service development, branding strategies, and organisational expansion trajectories.

1.5.2 Managerial Contribution

- a. This study will provide an additional contribution to the field of healthcare service management from a managerial standpoint by examining stakeholder interpretations of service identity and perceived competitive positioning.
- b. The study will distinguish stakeholder accounts of service quality from the clarity of service identity and perceived competitive positioning.
- c. The research will underscores the importance of establishing a clear service identity, achieving organisational alignment, and maintaining consistent communication and service execution at NK Health.
- d. The findings will provide healthcare administrators with an understanding of how service identity is interpreted and communicated across heterogeneous groups at NK Health. Managers of physiotherapy clinics, rehabilitation centres, and comparable healthcare service organisations confronting parallel challenges of service differentiation and competitive positioning may also draw practical value from these insights, subject to their organisational context.

Chapter II

Literature Review

2.1 Value Proposition Theory

Value proposition theory describes how firms develop, provide and convey value to customers in ways that set them apart from competing alternatives. Osterwalder and Pigneur (2010) define a value proposition as a combination of products, services and advantages that a firm offers to satisfy customer wants and address customer problems. A solid value proposition is a key building block for organisational differentiation and competitive advantage and helps us understand why customers choose one provider over another.

In service businesses, the value of a service is not just decided by its technical attributes. Value is rather created by the experience, perception and appraisal of the benefits received by the client. As firms compete in increasingly competitive contexts where several providers offer similar services, a well-articulated value proposition becomes a crucial strategic tool for articulating organisational strengths and generating market uniqueness. Piepponen et al. (2022) even further point out that value propositions are not static but dynamic, and they are always evolving as companies respond to changing customer expectations, market situations and service developments. This is particularly the case for value offerings in healthcare services. Healthcare services differ from physical objects because they remain essentially intangible and demand substantial interaction between providers and patients. Patients therefore evaluate professionals not only through clinical outcomes but also through service experience together with communication quality and trust and availability and perceived knowledge. Research examining healthcare service positioning shows that patient value perceptions strongly shape organisational reputation and satisfaction and loyalty and long-term competitive capacity, according to Sciulli and Missien (2015).

Value propositions gain particular importance in physiotherapy services because patients usually find clinical competence difficult to judge before treatment starts, as patients rely on visible value indicators that encompass

therapist professionalism and communication and empathy and treatment experiences and trust and recovery outcomes while organisations that convey their value propositions effectively generate greater patient engagement and improved service perceptions and a stronger competitive position according to Blacklaws (2023) and in this study Value Proposition Theory is adopted as a theoretical lens through which to investigate how stakeholders describe the advantages connected with NK Health's physiotherapy service without presuming which benefits will be most prominent in the empirical findings as value proposition is conceptually distinct from service identity and perceived competitive positioning with service identity referring to what NK Health promotes as a physiotherapy service and value proposition referring to what the stakeholders associate or experience as a benefit from that service while perceived competitive positioning relates to how the organization is seen in relation to the alternatives that are available and keeping these distinctions allows for a consistent analytical underpinning for the remaining chapters as drawing on the framework of Osterwalder and Pigneur (2010) together with healthcare positioning literature and the study's empirical results the value proposition is operationalised through four observable aspects.

1. Functional Value: the concrete benefits that patients obtain from physiotherapy services, such as pain relief and rehabilitation and mobility improvement and recovery results.
2. Relational Value: the nature of interactions between physiotherapists and patients, such as communication and empathy and trust and responsiveness and patient-centredness.
3. Professional Value: judgements of therapeutic competence and professionalism and expertise and problem-solving skills from the perspective of the stakeholder.
4. Experiential Value: the overall service experience provided by comfort and service quality and patient satisfaction and treatment experiences.

These characteristics provide a useful framework for understanding stakeholders' views of value in NK Health's physiotherapy service, as they are analytical categories and do not determine the results of the investigation

while Value Proposition Theory is utilised to determine the sorts of advantages reported by participants and to explore how these perceived benefits relate to but remain conceptually different from service identity and perceived competitive positioning.

2.2 Service-Dominant Logic (SDL)

Service is the essential foundation of exchange since companies eventually create value by applying knowledge, skills and competencies for the benefit of others (Vargo and Lusch, 2004). Value emerges not solely from organisational outputs but through the continuous interplay among the many individuals who take part in the service experience. Vargo and Lusch (2017) further developed this perspective by emphasising that value arises inside broader service ecosystems where firms and customers and other stakeholders interact constantly and influence one another.

Service-dominant logic holds particular relevance for healthcare services because health outcomes depend inherently on cooperation between professionals and patients. Unlike manufacturing settings in which value can be expressed through physical goods, healthcare value is shaped strongly by communication and trust and patient involvement and collaborative decision-making and ongoing interaction. Healthcare constitutes a co-produced service in which physicians and patients jointly pursue health outcomes according to Batalden et al. (2016), and professionals alone cannot deliver care fully because patients must remain actively engaged throughout therapy. This perspective carries equal weight for physiotherapy treatments. Physiotherapy typically requires repeated contacts between therapists and patients across extended periods. Rehabilitation success rests not merely on the technical skill of physiotherapists but also on patient motivation and commitment to treatment plans and participation in exercises and communication quality and mutual trust. Physiotherapy outcomes therefore arise from the collaborative relationship between therapists and patients rather than from therapeutic procedures alone.

The relevance of co-created value appears clearly in patient-centred healthcare literature. Research findings demonstrate that individuals who participate actively in their care tend to report higher satisfaction and stronger trust and greater confidence in continuing healthcare use, according to Ai et al. (2022). Physiotherapy studies likewise identify professional communication and cooperation and patient involvement as key factors shaping perceptions of service quality and successful treatment experiences according to Steenbruggen et al. (2023). Service-Dominant Logic is important to the current study since it emphasises that value can be created and experienced in interactions between physiotherapists and patients. It offers a theoretical lens through which to examine communication and explanation and trust and involvement and collaborative problem-solving without the assumption that these characteristics will emerge equally across all stories of participants, as for the purposes of this study, co-created value is operationalised through four observable dimensions:

1. Communication Quality: the effectiveness with which physiotherapists explain information and provide guidance to patients throughout the therapy process.
2. Patient Engagement: the level of active involvement that patients demonstrate in treatment sessions and rehabilitation activities and decision-making processes.
3. Trust and Relationship Building: the process through which physiotherapists and patients establish trust and credibility and mutual understanding.
4. Collaborative Problem Solving: the degree to which physiotherapists and patients work jointly to identify difficulties and design treatment processes and achieve rehabilitation goals.

These characteristics serve as practical references for exploring value co-creation within the framework of physiotherapy services at NK Health, as they are sensitising analytical categories and not preconceived findings, while Service-Dominant Logic supplements Value Proposition Theory by distinguishing between the creation and experience of value and the value

stakeholders attribute to the service, and Value Proposition Theory describes the perceived benefits of the service, and Service-Dominant Logic shows how these benefits may arise through continual interactions between physiotherapist and patient.

2.3 Jobs-to-Be-Done (JTBD)

According to Christensen et al. (2016), the Jobs-to-Be-Done (JTBD) paradigm was developed to clarify the motives that drive customers when they decide to purchase a specific product or service, while conventional approaches commonly emphasise consumer attributes, demographics and product features. JTBD conceptualises customers as individuals who hire products and services in order to attain particular objectives or advance in their lives, and from this perspective organisations create value by enabling customers to achieve intended outcomes and to complete essential jobs.

Customers refrain from purchasing goods or services solely on the basis of features, according to Christensen et al. (2016), and instead choose solutions that support them in resolving particular problems, overcoming obstacles and progressing toward desired future positions, which makes it necessary to grasp the fundamental job that customers seek to accomplish rather than concentrating only on the service being offered.

The JTBD paradigm proves especially useful within service industries since clients ordinarily pursue solutions that extend beyond the service currently obtained, as within healthcare environments patients seek more than treatment procedures because they desire resolutions to health-related difficulties that affect everyday existence and healthcare providers need to comprehend not merely the treatments patients undergo but also the reasons patients request those services together with the ultimate results they hope to attain. While during physiotherapy interventions individuals frequently pursue multiple objectives simultaneously, with certain patients aiming for functional recovery following injury or illness and other patients pursuing pain reduction and enhanced mobility and prevention of subsequent complications and restoration of ordinary daily routines as patients further seek emotional reassurance and

Confidence in improvement and trust toward healthcare practitioners and physiotherapy interventions integrate functional and emotional and social dimensions of value. According to Christensen et al. (2016), client jobs are customarily categorised into three broad dimensions.

1. Functional Jobs

Functional jobs constitute the concrete results that consumers seek to attain, as physiotherapy services encompass a range of such jobs, including the reduction of pain and the enhancement of mobility, together with the restoration of physical function and recovery from injury and improvement of balance and increase in strength and return to ordinary activities, while individuals most frequently pursue physiotherapy services on account of functional jobs that connect directly to health outcomes and rehabilitation objectives.

2. Emotional Jobs

Emotional jobs represent the feelings that clients desire to experience or to avoid, as within healthcare settings patients commonly require reassurance and confidence and comfort and peace of mind and emotional support across the entire treatment process, while patients further aim to reduce worry and uncertainty and fear of re-injury and concern regarding their health condition, and in physiotherapy the emotional jobs gain particular significance as recovery frequently involves uncertainty and extended treatment intervals that demand ongoing encouragement and support.

3. Social Jobs

Social jobs concern the manner in which customers wish to appear before others and the way they intend to fulfil social roles and responsibilities. As within physiotherapy services, patients may seek to resume employment and uphold family duties and engage in sport and preserve independence and sustain social involvement, while physiotherapy in this setting assists in restoring patients' ability to carry out valued roles in both personal and professional domains.

The JTBD paradigm holds strong relevance for the present study as the value proposition of NK Health receives evaluation according to the outcomes that patients themselves wish to realise while physiotherapists and management may describe services through clinical terminology, yet patients assess physiotherapy according to its capacity to support the attainment of meaningful goals in daily life.

Findings from this study indicate that patients pursue more than physical rehabilitation alone, as throughout their therapy experiences patients repeatedly highlighted the importance of communication and trust and empathy and reassurance and confidence and individual attention. While these findings reveal that NK Health produces not only functional outcomes but also emotional and relational benefits, the JTBD paradigm supplies a valuable lens for examining how patients construct value and for determining which service attributes prove essential within physiotherapy, as in this study patient jobs receive operationalisation across three observable dimensions:

1. Functional Jobs: the reduction of pain and the increase in mobility together with physical recovery and rehabilitation outcomes and the return to everyday activities.
2. Emotional Jobs: the attainment of reassurance and confidence along with comfort and trust and the sensation of being understood and the reduction of confusion during recovery.
3. Social jobs: the roles customers desire to play and how they want to interact in their social surroundings. As patients in physiotherapy services, they may want to return to work and fulfil family duties and participate in sport and maintain independence or restart social activities. While in this sense, physiotherapy can enable patients to recover their ability to play roles that are crucial in their personal and familial and professional lives.

These dimensions function as practical indicators that enable the identification of patient wants and expectations during interviews and thematic analysis as they further demonstrate the alignment of NK Health's value proposition with

patient aspirations as well as the connection of physiotherapy treatments to wider life outcomes that extend past clinical intervention.

The JTBD paradigm supplements Value Proposition Theory and Service-Dominant Logic through the provision of a patient-centred perspective on value creation, as Value Proposition Theory specifies the nature of delivered value and Service-Dominant Logic explains the process of value co-creation, while JTBD examines the reasons patients pursue physiotherapy treatments together with the outcomes they intend to achieve.

2.4 Service Identity

Service identity comprises a set of distinctive traits and values and competencies and affiliations that shape the perception of a service company among internal and external stakeholders as product-centred firms differ from service firms in that service organisations rely on intangible experiences and human relationships and stakeholder perceptions while service identity emerges not solely from organisational aims but from the interpretations and experiences of customers and employees and other stakeholders.

The concept of service identity originates within the broader literature on organisational identity and corporate identity and brand identification as according to Coleman (2011) service identity assumes particular importance in service businesses because services remain largely intangible and difficult for clients to evaluate prior to consumption while stakeholders form impressions of organisational character through perceived competence and corporate principles and staff behaviour and communication and service experiences.

A strong service identity yields multiple strategic advantages as organisations that cultivate a robust and consistent identity succeed more readily in building customer trust and establishing distinction and fostering stakeholder recognition and elevating overall organisational performance while research on service brand identity demonstrates that organisations possessing clear identities achieve higher brand preference and customer identification and

competitive differentiation relative to those with weak or inconsistent identities.

Service identity proves especially critical within healthcare services, where individuals frequently experience uncertainty when selecting providers, as healthcare services resist accurate evaluation before actual use. In contrast to physical objects, patients rely on indicators that include professional reputation and specialisation expertise and communication quality and service experiences and organisational trustworthiness when assessing healthcare providers. While service identity shapes perceptions of healthcare organisations and their positioning within increasingly competitive healthcare markets, the significance of service identity becomes particularly evident in physiotherapy organisations. Physiotherapy services depend heavily on professional knowledge interaction between therapist and patient, rehabilitation outcomes and long-term service relationships, and factors such as specialisation, therapist skill, communication quality, trust and expected healing results commonly influence patient selection of physiotherapy providers, which requires physiotherapy companies to articulate clearly what they represent, whom they serve and how they generate value for patients.

The importance of service identity appears especially pronounced in physiotherapy organisations. Physiotherapy services rest primarily on professional knowledge, therapist-patient interaction, rehabilitation results and enduring service connections, and elements including specialisation, therapist competence, communication quality, trust and anticipated recovery outcomes regularly guide patients in choosing physiotherapy providers, which obliges physiotherapy organisations to convey a clear understanding of their identity, the populations they serve and the manner in which they create value for patients.

Earlier research further indicates that service identity connects closely with organisational performance and differentiation as according to Coleman (2011) a shared understanding of organisational identity among stakeholders benefits service companies and a strong identity supports consistent communication and stakeholder alignment while studies of B2B service

identity confirm that distinctive service identities generate trust and differentiate customer preference and improve organisational performance and service identity holds particular relevance for the present study because NK Health operates as a healthcare organisation centred on physiotherapy while delivering a wide range of physiotherapy services and examining prospective service enhancements as the clinic provides musculoskeletal rehabilitation and neurological rehabilitation and sports physiotherapy and women's health services and additional rehabilitation-related treatments while organisational expansion heightens the need for a coherent service identity that supports stakeholder alignment and competitive positioning and in the present study the physiotherapy service at NK Health is conceptualised by the stakeholders as their comprehension of the physiotherapy service at NK Health as it comprises interpretations of the fundamental service focus of the clinic and areas of competence and method to service delivery and future service direction while this concept allows the study to analyse areas of convergence and divergence amongst management and physiotherapists and patients and marketing personnel and organisational leadership.

Service identity is conceptually separated from value proposition and perceived competitive posture as service identity is about what the organization stands for while value proposition relates to the functional and relational and professional and experience benefits that stakeholders connect with the service and the perceived competitive positioning is about how the organization is understood relative to the available alternative and a service organization may be regarded as providing value even when stakeholders do not characterise its primary identity or specialisation in precisely the same manner.

Drawing on service identity literature according to Coleman (2011), healthcare positioning literature according to Sciulli and Missien (2015), and physiotherapy service literature according to Darlow et al. (2024) and Steenbruggen et al. (2023), service identity is assessed through four observable aspects:

1. Focus on Core Service

Core service focus represents the stakeholder perspective concerning the firm's primary purpose specialisation and principal service offering and this dimension originates from service identity literature which emphasises that a robust identity requires clarity regarding the attributes for which the company is recognised and the means by which it distinguishes itself from alternatives (Coleman, 2011; Sciulli & Missien, 2015).

2. Services Expertise

Service expertise concerns stakeholder perceptions of the organisation's professional competence clinical capability and specialised knowledge and prior physiotherapy research demonstrates that professional expertise and service quality constitute principal factors that shape perceptions of physiotherapy organisations while also influencing stakeholder trust and confidence (Darlow et al., 2024; Steenbruggen et al., 2023).

3. Service Orientation

Service orientation denotes the approach adopted in service delivery and value generation, and this dimension incorporates perceptions of patient-centred care rehabilitation emphasis, communication quality and patient management methods, while the significance of service orientation aligns with Service-Dominant Logic, which maintains that value arises through interaction and collaborative service experiences between providers and customers (Vargo & Lusch, 2004; Batalden et al., 2016).

4. Orientation to future service

Future service direction involves stakeholders' interpretation of the organisation's priorities toward growth, innovation and long-term development. This dimension allows the analysis to distinguish between descriptions of NK Health's current service identity and dreams of what the physiotherapy services may become in the future. Its presence does not assume that stakeholders will have the same future orientation or that an aspirational service has already been embedded within the organisation's current identity. These four dimensions together offer an analytical framework for investigating the stakeholders' interpretation of the physiotherapy service

identity of NK Health. They do not presume that there is only one interpretation, nor that disagreements are inevitably strategic ambiguity. Differences will be evaluated against the criteria in Section 2.6 to determine if they are typical role-based variation or strategically important ambiguity.

2.5 Perceived Competitive Positioning

Competitive positioning constitutes the process of establishing a distinctive market position for a company relative to its rivals. According to Porter (1985), competitive advantage arises when an organisation delivers greater value to the customer than its competitors, and according to Porter (1996), strategy centres primarily on selecting a distinctive position and making deliberate decisions regarding the manner in which a business elects to compete, while competitive positioning extends beyond the provision of high-quality services to encompass the construction of a distinct and recognisable brand that separates the company from competing service providers.

The expansion of available service options elevates the importance of competitive positioning within health services. Hospital rehabilitation centres, physiotherapy clinics and interdisciplinary healthcare providers frequently deliver comparable therapeutic services, which complicates differentiation among them, and firms must articulate clearly the reasons patients ought to select their services rather than competing alternatives. While research on healthcare positioning demonstrates that service quality, brand image, patient satisfaction, organisational reputation and service distinctiveness contribute to the formation of stronger competitive positioning, according to Sciulli and Missien (2015).

Competitive positioning assumes particular significance in physiotherapy services because numerous providers supply equivalent treatment techniques and rehabilitation programmes, and physiotherapy organisations commonly compete through varying combinations of specialisation, service quality, patient experiences, therapist expertise, accessibility, innovation and corporate reputation, while earlier research indicates that physiotherapy organisations operating in competitive environments encounter challenges related to

distinction, professional identity, teamwork and market positioning, according to Darlow et al. (2024).

Traditional positioning literature commonly proposes that firms secure stronger market positions through the effective communication of a differentiated value proposition, and recent healthcare research reveals that positioning concerns not solely the actions of firms but also the perceptions stakeholders form of those deliveries. While healthcare organisations may encounter positioning difficulties even when service quality and patient experience remain excellent, if stakeholders lack a shared understanding of the organisation's principal strengths, specialisation or identity.

In this study, the empirical construct is defined more narrowly as perceived competitive positioning. It refers to how participants understand NK Health's physiotherapy specialisation, service differences, organisational consistency and market recognition relative to available alternatives. This interpretive definition is appropriate because the study examines stakeholder perceptions rather than objectively measuring NK Health's competitive performance.

Perceived competitive positioning is conceptually distinct from service identity and value proposition. Service identity concerns what NK Health represents as a physiotherapy service. Value proposition concerns the benefits that stakeholders associate with or experience from the service. Perceived competitive positioning concerns how stakeholders understand that identity and value relative to alternative physiotherapy providers. The study examines the relationships among these concepts without assuming that one directly causes another.

For the purposes of this study, competitive positioning receives examination through four observable variables synthesised from the competitive positioning, healthcare marketing, physiotherapy service and organisational quality literature, and these factors supply a practical means of analysing NK Health's positioning within the physiotherapy market together with the ways stakeholders perceive its strengths relative to rival providers.

1. Specialisation Perception

Stakeholders readily recognise the clinic's principal domain of expertise and service emphasis through perceived speciality, while organisations secure a stronger competitive position by developing distinctive capabilities that set them apart from rivals according to Porter (1985). Specialisation contributes to positioning in healthcare services by allowing the organisation to communicate to patients and other stakeholders the attributes for which it is known together with the location of its expertise, and healthcare companies strengthen their positioning when they successfully convey specialised service-line knowledge, distinctive clinical capabilities and perceived specialty according to Sciulli and Missien (2015). Specialism perception in this study refers to the way stakeholders view NK Health's main physiotherapy emphasis and areas of competence and it does not establish the business superiority or wider market attractiveness of a certain specialism.

2. Differentiation in Service

Service differentiation measures the degree to which stakeholders regard the company as offering unique value relative to competing service providers. Differentiation constitutes one of the principal sources of competitive advantage according to Porter (1985) because it enables firms to deliver value that customers perceive as unique. Differentiation in healthcare contexts can arise from therapist competence, quality of service, patient-centred care, rehabilitation outcomes, innovation or other distinctive service qualities (Sciulli & Missien, 2015). Service differentiation in this study is understood as stakeholders' perceptions of the unique features that set NK Health apart from other physiotherapy clinics, and these perceptions derive from participants' descriptions of the features they regard as differentiating NK Health from other physiotherapy providers rather than from independently verified comparisons between NK Health and its competitors.

3. Consistency of the organisation

Organisational consistency refers to the extent to which stakeholders maintain alignment concerning the organisation's identity, service emphasis and value proposition, and studies on physiotherapy quality improvement

emphasise the importance of consistent treatment delivery, stakeholder alignment and organisational quality systems for elevating healthcare performance according to Steenbruggen et al. (2023). According to Darlow et al. (2024), teamwork, professional alignment and shared understanding constitute essential elements that influence physiotherapy practice and organisational efficiency, while organisational consistency in this study measures the degree to which management, physiotherapists, patients and organisational leadership share a common understanding of NK Health's physiotherapy identity and positioning. This dimension is associated with but separate from service identity. Service identity involves what the organisation represents. Organisational consistency concerns whether the meaning and accompanying service standards are conveyed and implemented coherently. Perceived inconsistency can influence the way stakeholders view the organisation, and this perception does not by itself signal poor service quality or negative market performance.

4. Perceived Market Recognition

Market recognition denotes the extent to which stakeholders identify, understand and acknowledge the organisation's value proposition and distinctive qualities, while literature on healthcare positioning shows that brand image, service reputation, patient satisfaction and stakeholder perceptions contribute substantially to organisational visibility and competitive performance, according to Sciulli and Missien (2015). Differentiation generates competitive advantage only when the market perceives and values it according to Porter (1985), and market recognition in this study is defined as the degree to which patients and stakeholders recognise NK Health's capabilities, service identity and value proposition. These four dimensions form an operational framework for examining competitive positioning at NK Health, and the study assesses positioning through stakeholder perceptions rather than objective market indicators such as market share or financial performance, as the aim centres on understanding how positioning is perceived, constructed and experienced within the organisational setting. Competitive Positioning Theory forms a central

outcome consideration within the conceptual framework of this study, and Value Proposition Theory clarifies the nature of delivered value, while Service-Dominant Logic accounts for the process of value co-creation, and Jobs-to-Be-Done addresses the reasons patients pursue physiotherapy services. Competitive Positioning Theory explains how these elements jointly shape the organisation's ability to establish a distinctive and sustainable position within the physiotherapy market.

In this study participants' interpretations measure market recognition rather than independent data from the larger market, and statements on market recognition reflect how the interviewed stakeholders think NK Health is perceived rather than a validated measure of public knowledge, patient acquisition methods or market preference. Specialisation perception, service differentiation, organisational consistency and perceived market recognition provide an interpretative framework for studying the perceived competitive stance of NK Health, and these characteristics do not offer a comprehensive view of its actual market position, as the study does not measure market share, financial performance, patient acquisition and retention, referral volume or systematic comparisons with competitors.

Perceived competitive positioning functions as an outcome dimension in the conceptual framework rather than a demonstrated organisational or financial outcome, and the qualitative investigation explores how stakeholders relate service identity and value proposition to their perception of NK Health's position in relation to alternatives, while it does not examine whether increased competitive performance results from clearer identification or stronger perceived value.

2.6 Strategic Ambiguity

Strategic ambiguity emerges when organisational objectives, priorities, identities or strategic directions allow different stakeholders to form multiple interpretations and strategic ambiguity does not require a single universally accepted definition but permits stakeholders to assign varied meanings to the same organisational term while they continue to support shared organisational

objectives. Strategic ambiguity describes a condition in which diverse organisational members construct differing interpretations of the same strategic goal and thereby enable multiple interests to coexist within a unified organisational context according to Jarzabkowski, Sillince and Shaw (2010). The concept originated in organisational and communication research that investigates how enterprises manage conflicting stakeholder interests, competing priorities and divergent expectations. Uncertainty frequently characterises organisations that encompass varied constituents, professional autonomy, multiple aims and complex decision-making systems according to Jarzabkowski et al. (2010) and in such settings stakeholders may hold differing interpretations of organisational aims yet they continue to engage in collective organisational actions.

Strategic ambiguity appears particularly common within professional and knowledge-intensive enterprises. Knowledge-based organisations such as hospitals, universities and professional service firms often exhibit ambiguity because they address multiple stakeholder groups that hold differing interests, objectives and expectations (Jarzabkowski et al., 2010), and these enterprises simultaneously manage professional expertise, managerial goals, operational realities and customer expectations, which can generate multiple interpretations of organisational identity and strategic orientation.

Literature demonstrates that strategic ambiguity carries both advantages and disadvantages. Ambiguity can furnish organisational flexibility by allowing distinct stakeholder groups to maintain different interpretations while endorsing common goals, and strategic ambiguity may therefore facilitate cooperation, adaptation and creativity by permitting enterprises to accommodate diverse ideas and evolving environmental conditions. According to Jarzabkowski et al. (2010), ambiguity can function as a strategic resource that enables different stakeholders to pursue their individual interests yet remain engaged in collective organisational action.

Strategic ambiguity can simultaneously generate complications when stakeholders interpret matters in markedly different ways and the organisation may then encounter difficulties in communication, coordination, alignment

and positioning, while stakeholders may struggle to express the organisation's priorities, strengths or strategic emphasis with consistency, and this can produce uncertainty that diminishes organisational coherence and obscures the clarity of the organisation's market identity.

Stakeholder disagreements in interpretations do not automatically constitute strategic ambiguity, and different stakeholder groups may legitimately highlight different aspects of the same service according to their respective roles, experiences and obligations, while such role-based variances should be regarded as normal variation unless they produce apparent organisational effects. In this study variations will only be categorised as strategic ambiguity if they relate to conflicting service priorities, inconsistent external messages, variation between branches or doubt about the organisation's future service orientation.

Strategic ambiguity holds particular importance within healthcare enterprises as healthcare providers commonly operate in environments where management, healthcare professionals, patients, regulators and other stakeholders maintain differing expectations concerning organisational priorities and management may emphasise development, innovation and operational sustainability while healthcare practitioners focus on clinical quality and patient outcomes and patients may evaluate services according to treatment experiences, levels of trust, communication quality and recovery outcomes which can produce numerous interpretations of both organisational identity and strategic orientation.

This perspective proves especially relevant to physiotherapy organisations. Physiotherapy clinics typically deliver a wide array of treatments directed at distinct patient groups while pursuing multiple clinical operational and strategic goals.

Earlier research in physiotherapy demonstrates that professional identity, service quality, organisational alignment and stakeholder engagement exert substantial influence on the understanding and delivery of physiotherapy services, according to Darlow et al. (2024) and Steenbruggen et al. (2023). Strategic ambiguity is not regarded here as a managerial or service failure but

as a circumstance where the organisational impacts of the different ways in which stakeholders interpret the identity of physiotherapy services become apparent. Consequences of this kind could be differences in opinions on service priorities, uneven communication about specialisation, heterogeneity at branch level or ambiguity about future service direction. Differences that simply represent the valid opinions of different stakeholder roles are not automatically perceived as strategic ambiguity.

2.7 Conceptual Framework

The conceptual framework for this study arises from the synthesis of Value Proposition Theory, Service-Dominant Logic, Jobs-to-Be-Done, Service Identity, Competitive Positioning and Strategic Ambiguity, and the framework refrains from assuming that companies maintain a single shared understanding of their services while recognising that service organisations typically comprise multiple stakeholder groups whose interpretations differ according to their roles, experiences and expectations. It functions as a sensitising and exploratory structure that identifies concepts and possible correlations for research rather than as a causal model to be tested.

The framework begins with stakeholder interpretations as different organisational stakeholders experience service organisations in distinct ways and management physiotherapists, patients and business leaders each form unique views of their engagement with physiotherapy services. The objective of this study is to understand how these stakeholder groups view the organisation's mission, strengths and distinctive features and to identify areas of convergence and divergence in their accounts.

Stakeholder interpretations are examined in relation to the organisation's service identity. Service identity constitutes the shared or occasionally divided understanding of the organisation's primary service focus, expertise, service orientation and future direction, and as discussed earlier, service identity connects organisational capabilities with stakeholder views because it governs the perception and communication of organisational value.

When stakeholders hold aligned understandings the service identity may appear clearer and more coherent while multiple service-identity narratives may emerge when stakeholders emphasise different organisational strengths, areas of expertise or strategic priorities. Different interpretations will not automatically be classified as strategic ambiguity, and consistent with Section 2.6, strategic ambiguity will be considered only when the identified differences are associated with organisational consequences such as conflicting service priorities, inconsistent external messages, branch-level variation or uncertainty regarding future service direction. Strategic ambiguity is examined in relation to the construction and communication of the organisation's value proposition as stakeholders may recognise the value of physiotherapy services yet differing perspectives on service identity can shape the transmission of this value to patients and its presentation in the market and the value proposition in this study receives consideration not solely as the benefits provided to patients but also as the organisational realisation of those benefits.

The value proposition is also examined in relation to perceived competitive positioning. Organisations that articulate a clear and distinctive value proposition supported by a consistent service identity more readily achieve stronger differentiation, clearer market recognition and established competitive advantage, and when service identity remains open to multiple interpretations, firms may face challenges in presenting the value proposition consistently even while delivering high-quality services. In this study these relationships are explored through stakeholder interpretations and are not treated as evidence of actual competitive advantage or market performance.

The conceptual framework provides stakeholder interpretations, service identity, strategic ambiguity, value proposition and perceived competitive positioning as sensitising ideas with exploratory links. It does not imply that stakeholder interpretations lead to service identity, that service identity leads to strategic ambiguity, that strategic ambiguity influences value proposition or that value proposition creates competitive positioning. The qualitative study

did not examine a causal sequence or hypothesis but rather how participants linked these notions. The framework is presented in Figure 3.

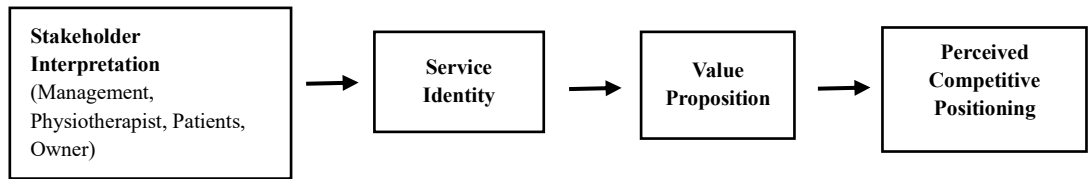


Figure 3. Research Conceptual Frameworks

This framework is indicative of the exploratory nature of this inquiry. Instead of assuming a direct or causal linkage among the categories, the framework allows the research to investigate the relationships among stakeholder interpretations, service identity, strategic ambiguity, value proposition and perceived competitive posture. The connecting lines in the framework are not causal paths or hypotheses but relationships to be explored.

2.8 Previous Study

No.	Research Title	Author (s)	Main Findings	Relevance to This Research
1.	A Framework to Improve Quality of Hospital-Based Physiotherapy	Steenbruggen et al. (2023)	Implemented a framework for quality improvement for hospital based physiotherapy services guided by organisational alignment, stakeholder involvement, quality systems and continual improvements.	It illustrates that the quality of physiotherapy is not only a clinical matter but also an organizational issue and a matter of stakeholder alignment. This complements the present study in exploring how varying stakeholder

				interpretations shape physiotherapy service identity
2.	Private practice model of physiotherapy: professional challenges identified through an exploratory qualitative study	Darlow et al. (2024)	Challenges in Private Physiotherapy Practice: Competition, Professional Identity, Collaboration, and Organisational Culture.	It illustrates challenges in transdisciplinary practice for physiotherapy organisations outside of clinical practice and this view receives further exploration in the present study which investigates the relationship between stakeholder interpretations, service identity and perceived competitive positioning in a multi-branch physiotherapy company.
3.	Service Brand Identity: Definition, Measurement, Dimensionality and Influence on Brand Performance	Coleman (2011)	while introduced a service brand identity framework and shown that appropriate service identities have a favorable effect on brand performance through employee alignment,	It provides a theoretical basis for understanding service identity in service organisations while the research

			communication and stakeholder focus.	remains mostly focused on B2B service firms and this study applies service identity principles to the physiotherapy services and healthcare organisations context.
4.	Hospital Service-Line Positioning and Brand Image: Influences on Service Quality, Patient Satisfaction, and Desired Performance	Sciulli & Missien (2015)	Proven that healthcare positioning, service-line distinction and brand image effect on patient satisfaction and organizational success.	It supports the relationship between service differentiation and perceived competitive positioning and the present study extends this view by examining how service identity is interpreted in relation to positioning rather than treating positioning solely as the result of marketing actions.
5.	Strategic Ambiguity as a Rhetorical Resource for	Jarzabkowski et al. (2010)	Demonstrated that companies tend to allow for different stakeholder interpretations by	It provides a significant theoretical approach for

	Enabling Multiple Strategic Goals		providing intentional ambiguity in the attempt of common company goals.	understanding why diverse stakeholder interpretations may coexist inside the same organisation and in this study this perspective is used to investigate service identity rather than strategic objective implementation in a physiotherapy company.
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Tabel 1. Previous Study

These studies offer valuable insights into healthcare services, physiotherapy quality, service identity and organisational positioning while limited consideration has been paid to the cross-stakeholder interpretations of physiotherapy service identity and how it relates to perceived competitive positioning within the body of literature evaluated in Table 1.

The physiotherapy studies examined in Table 1 mainly cover quality improvement, professional practice, cooperation, organisational alignment and professional identity, and these studies give significant backgrounds for understanding physiotherapy organisations but do not directly study how different stakeholder groups interpret the service identity of the same physiotherapy organisation.

The service-identity study presented in Table 1 was undertaken primarily within a broader service-brand environment, and it offers a theoretical base for the understanding of service identity, although its applicability to cross-

Stakeholder interpretations within a physiotherapy organisation are restricted in the literature reviewed.

Table 1 is a healthcare-positioning study that looks at service-line positioning, brand image, service quality and patient happiness, while the link between stakeholder interpretations of physiotherapy service identity and perceived competitive positioning is not explicitly explored in the literature reviewed.

The strategic-ambiguity literature reviewed demonstrates how diverse stakeholder interpretations may coexist inside an organisation while its use in relation to physiotherapy service identity is given little emphasis in the studies evaluated in this chapter in particular the differentiation between normal role-based variation and differences with organisational ramifications.

This study aims to address this concentrated gap by merging Value Proposition Theory, Service-Dominant Logic, Jobs-to-Be-Done, Service Identity, Perceived Competitive Positioning and Strategic Ambiguity, and a qualitative case-study approach involving management, physiotherapists, patients, marketing personnel and the clinic owner to explore cross-stakeholder interpretations of the identity of NK Health's physiotherapy service, the value proposition that arises from those interpretations and how they relate to perceived competitive positioning. The study does not give general or causative links among physiotherapy organisations but an organisational interpretation within one scenario.

Chapter III

Research Methodology

3.1 Research Paradigm and Research Design

This study is based on an interpretivist research paradigm with a qualitative single-case study methodology to investigate how stakeholders develop the service identity of physiotherapy services of NK Health and the perception of the association with perceived value and positioning. The aim of the study is to explore how different stakeholder groups, such as management, the owner of the clinic, physiotherapists, and patients, construct meaning around the physiotherapy services offered by the company. So the study is about interpreting experiences, perspectives, and organisational reality rather than measuring predetermined variables.

The most relevant paradigm for this study is interpretivism as the problem of the study concerns the interpretations of the stakeholders rather than the actual performance of the company. The study does not try to measure if NK Health has a stronger or poorer competitive position relative to competitors and instead the main objective is to investigate how the physiotherapy identity of the clinic is viewed by management, physiotherapists, patients and the owner of the clinic, how these essential groups articulate the value proposition of the organisation and how these perspectives are perceived to relate to perceived competitive positioning. In the research the intention is to investigate meanings, sensations and perceptions that cannot be sufficiently recorded by means of quantitative methodologies.

The study proposes a qualitative research approach based on these theoretical perspectives. Interpretivism argues that reality is socially created and that different meanings can be given to the same phenomena by people due to their experiences, roles, and settings. Interpretivist research is not looking for objective, generally applicable answers like positivist research does but rather

is about understanding how people perceive and make sense of organisational settings. Creswell and Poth (2018) suggest that qualitative inquiry is most useful when researchers are interested in understanding participants' views, studying complicated social processes, and developing a rich contextual understanding, not statistical generalisation. Likewise, Saunders et al. (2019) claim that interpretivism allows the researchers to investigate the organisational phenomena through the subjective meanings of many actors. Qualitative research enables the researcher to develop a thorough comprehension of complex organisational circumstances through direct engagement with participants rather than through the testing of hypotheses or the identification of statistical relationships among variables.

The qualitative approach holds strong relevance because physiotherapy service identity constitutes an organisational phenomenon that emerges socially through the interactions of multiple stakeholders. Stakeholder groups may hold differing understandings of the clinic's specialisation strengths, service philosophy, and future orientation, and these varied perspectives resist useful reduction to numerical measures because they remain embedded in the professional experiences, organisational roles, and interactions of participants with the clinic, while qualitative inquiry supplies the necessary flexibility to examine these diverse perspectives and to allow unanticipated themes to surface during data collection and analysis.

This study operationalises the qualitative inquiry through a single-case study approach. A case study constitutes an empirical method for examining a contemporary phenomenon within its real-life context, especially when the boundaries between the phenomenon and its context remain unclear, according to Yin (2018), and case studies prove particularly suitable when researchers seek to investigate how and why questions concerning organisational processes, stakeholder relationships, and strategic decision-making.

A single-case methodology receives selection because this research aims not to compare multiple physiotherapy organisations but to achieve an in-depth understanding of one strategically significant instance. NK Health represents a suitable case because physiotherapy remains central to the organisation's

operations even as the clinic has extended into supporting healthcare services and the enterprise maintains multiple branches, serves diverse patient groups, and continuously expands its service range while retaining physiotherapy as its core strategic focus, which supplies a rich organisational context for examining stakeholders' interpretations of service identity, value proposition, and perceived competitive positioning. According to Yin (2018), a single-case study becomes justified when the selected instance can yield rich analytical insight into a phenomenon that broader yet less intensive research approaches cannot adequately illuminate. NK Health is strategically important in this study due to its multi-branch growth, physiotherapy being central to its services, wide service portfolio, engagement of a number of stakeholder groups and ongoing service improvement. These features were recognisable prior to the empirical investigation and offer a suitable setting in which to investigate the construction, communication and interpretation of the identity of physiotherapy services.

The qualitative single-case study design further accords with the exploratory character of the research. The study does not demand organisational consensus but permits the expression of multiple stakeholder perspectives while comparing similarities and differences across management, the clinic owner, physiotherapists, and patients, and this orientation aligns with the conceptual framework outlined in Chapter 2, which uses stakeholder interpretations, service identity, value proposition, strategic ambiguity, and perceived competitive positioning as sensitising concepts with exploratory relationships rather than as a causal sequence. The interpretivist paradigm qualitative research strategy and single-case study design together establish the most appropriate methodological foundation for investigating the research questions, and these methodological choices collectively enable the study to generate a rich, contextualised understanding of stakeholder interpretations of their relationship with physiotherapy service identity, value proposition, and perceived competitive positioning within NK Health Clinic.

3.2 Research Setting and Case Selection

This research took place within a private healthcare organisation known as NK Health Clinic, and the organisation commenced operations in 2015 with physiotherapy as its historical and stated core service. The enterprise has extended into supporting healthcare services that include general medical and dental care, yet physiotherapy continues to constitute the foundational service around which the firm developed and remains the primary strategic emphasis of the organisation, while the research concentrates exclusively on the physiotherapy services of NK Health rather than the accompanying medical facilities.

NK Health currently maintains multiple branches across Indonesia and delivers a range of physiotherapy services that encompass musculoskeletal rehabilitation, neurological physiotherapy, sports physiotherapy, women's health services and rehabilitation-related treatments while the company emphasises comprehensive assessment, continuous therapist development, standardised operating processes and patient-centred treatment as central components of its service philosophy.

NK Health received selection as a single case on analytical rather than statistical grounds. The choice of cases in qualitative case study research should rest on the capacity of the instance to generate comprehensive understanding of the phenomenon under investigation rather than solely on representativeness, according to Yin (2018), and NK Health was selected because it supplies a strategically significant setting for examining stakeholder interpretations of physiotherapy service identity within an expanding healthcare enterprise. NK Health constitutes an analytically relevant case for multiple reasons.

The corporation has expanded considerably while retaining physiotherapy as its core service, and the growth of service portfolios, operational branches, and organisational capabilities heightens the necessity of sustaining a coherent physiotherapy identity, which creates an appropriate context for exploring interpretations of service identity across different stakeholder groups.

NK Health provides a wide range of physiotherapy services and strives to enhance its service portfolio and organisational capabilities. This gives a suitable scenario to examine how an expanding physiotherapy company considers its current service identity and future service orientation. The organisation encompasses several stakeholder groups whose perspectives relate directly to the research topic, and management holds responsibility for organisational strategy and business development, while physiotherapists serve as the principal service providers. Patients encounter the value proposition directly, and the clinic owner shapes long-term strategic direction, which enables the study to assess similarities and differences in understandings of physiotherapy service identity across the enterprise.

The decision to select NK Health was based on organisational characteristics present before the empirical analysis, such as its multi-branch development, physiotherapy as its historical and declared core service, its wide service portfolio, the involvement of multiple stakeholder groups and its continuous service expansion. This study focuses specifically on NK Health's physiotherapy facilities because physiotherapy represents the historical foundation and principal source of competitive distinction for the enterprise, while general medical and dental treatments receive classification as supporting healthcare services and remain outside the scope of this research, which preserves the analytical focus on physiotherapy in accordance with the research objectives, conceptual framework, and core theoretical foundations presented in Chapter 2.

NK Health received selection not as a representative physiotherapy clinic but as a strategically significant case for exploring how stakeholders construct and interpret service identity and how they understand its relationship with the value proposition and perceived competitive positioning within an expanding physiotherapy organisation, and the purpose of case selection, therefore, remains analytical rather than statistical generalisation so that the findings may advance a contextual understanding of physiotherapy service identity within healthcare service organisations.

3.3 Research Participant and Participant Selection Strategy

Purposive sampling served to select individuals who possessed direct knowledge and experience of the physiotherapy services delivered by NK Health. Qualitative research frequently employs purposive sampling because it enables researchers to deliberately choose participants capable of supplying rich and relevant information concerning the phenomenon under investigation rather than pursuing statistical representativeness, according to Creswell and Poth (2018), while the objective of participant selection in qualitative case study research centres on the identification of information-rich cases that permit the researcher to construct a thorough understanding of the research subject. Participant selection rested upon the conceptual framework and the research topics. This study concentrates on stakeholder perceptions of physiotherapy service identity value proposition and competitive positioning, and participants therefore received selection to encompass the principal stakeholder groups engaged in the creation, management, delivery and experience of NK Health's physiotherapy services, while the inclusion of diverse stakeholder groups enables the study to assess differing organisational perspectives and to detect patterns, variations and potential contradictions in the ways physiotherapy services receive interpretation. Interviews took place with eight participants, and the participants comprised:

Stakeholder Group	Participants	Role
Owner	Mr. NO	Founder and organization strategist with responsibility for long term company direction and service development.
Management	FTR	Representative for physiotherapy management, responsible for operational coordination, service quality and organizational implementation.
Marketing	MK	Marketing representative is charge of branding, marketing strategy,

		market positioning and promotion of physiotherapy services of NK Health.
Physiotherapist	MA	Physiotherapist responsible for rehabilitation treatments and patient care
Physiotherapist	MO	Senior Physiotherapist directly involved in assessment and treatment of physiotherapy.
Physiotherapist	YR	Physiotherapist offering direct clinical care, rehabilitation to patients.
Patients	DM	Patient getting physiotherapy services at NK Health
Patients	Yny	Patient getting physiotherapy services at NK Health

Tabel 2. Participants – Interviewed

The composition of participants received careful design in order to gather perspectives from multiple organisational levels. The owner embodies the strategic level of decision-making; management represents operational implementation; physiotherapists represent frontline service delivery; patients represent the recipients of physiotherapy services; and a marketing representative received inclusion because marketing exerts substantial influence in converting organisational competencies into external communication and market positioning. While management and physiotherapists concentrate on service delivery and marketing, they hold responsibility for articulating the organisation's value proposition, constructing brand identity, and situating NK Health within the competitive physiotherapy market, which enables the study to examine how service identity receives interpretation across the enterprise rather than relying upon a single organisational viewpoint.

The inclusion of three physiotherapists was considered especially important because physiotherapists occupy a central position in delivering NK Health's value proposition. As frontline clinicians, they directly shape the patient experience through assessment, treatment, communication, education and rehabilitation, and their perspectives consequently supply valuable insight into the manner in which physiotherapy identity becomes translated into everyday clinical practice.

Organisational identity receives formation not solely through service delivery but also through strategic direction, operational decision-making and future organisational development, which prompted the inclusion of management and the clinic owner. The owner's perspective reflects the long-term vision for the enterprise and innovation, while the management perspective addresses service delivery, organisational consistency and inter-branch collaboration, and patient participants received inclusion in order to furnish external viewpoints on the clinic's value proposition and physiotherapy identity. The study concentrates on organisational diagnosis, yet patient experiences remain essential for determining whether the value intended by the organisation becomes reflected in actual service experiences, and the incorporation of patient perspectives therefore constitutes a valuable form of triangulation between internal organisational interpretations and external stakeholder experiences, while the addition of the marketing perspective supplies further insight into the external communication of the clinic's intended identity and the consistency of that communication with stakeholder perceptions and patient experiences.

Inclusion criteria were determined to ensure that participants have direct knowledge, experience or engagement relevant to NK Health's physiotherapy services.

The criteria for including staff participants were as follows:

1. Service experience at NK Health that is long-term and preferably extends to three years or more.

2. First-hand experience of the working mechanisms of NK Health that includes service flow, standard operating procedures, patient handling processes and branch coordination.
3. Accountability for service delivery, administration, marketing communications and the making of strategic choices.
4. For management or senior staff participants, experience in supervising, coordinating or decision-making responsibilities that includes experience in mentoring subordinates or contributing to service delivery decisions.
5. Understanding of the everyday practice of physiotherapy together with understanding of the internal operations of NK Health, communication of services, strengths of the organisation and obstacles in operations.

The inclusion criteria for patients were:

1. Having received physiotherapy treatment at NK Health for a relatively long term, approximately more than one year, through repeated treatment sessions, approximately once a week, or returning for treatment for different issues after recovery.
2. Current or recent experience of obtaining physiotherapy treatment at NK Health.
3. Direct experience of interaction with physiotherapists, treatment explanations, service environment and follow-up care.
4. Relevance to NK Health's desired patient category, namely its middle-to-upper-income target sector. The income criterion was utilised to represent the desired customer group of the clinic, not to imply that income level provides patients with a superior ability to judge service quality or value.

All participants demonstrated willingness to participate voluntarily, provided informed consent and were willing to discuss their experiences.

Participant selection was assessed according to whether the interviews provided sufficient informational depth to address the research questions rather than statistical representativeness. In qualitative case study research the adequacy of data receives evaluation according to the richness of information and conceptual insight rather than numerical sample size, according to Yin (2018) and Creswell and Poth (2018) and across the interviews' themes

Concerning service identity, patient-centred care communication, trust, professional knowledge and competitive positioning recurred frequently among stakeholder groups, which enabled the selected participants to provide sufficient data for thematic analysis and the fulfilment of the study objectives. This is presented as informational adequacy for the present case, not as a declaration of formal data saturation. The small number of participants in each stakeholder group limits group-level generalisation.

Participants originated from differing organisational roles, yet the study does not assert that their perspectives represent every employee or patient at NK Health, and the selected participants received appointments because they maintained direct involvement in the delivery of the organisation's physiotherapy services and could supply rich insights into the phenomenon under investigation, while the principal aim remained the attainment of analytical depth rather than statistical generalisation in accordance with the principles of qualitative case study research.

Both patient participants were long-standing, recurrent, returning, active or recently active customers of NK Health's physiotherapy services. This choice provided participants with an important experience of the service but may also have improved the chance of positive accounts as patients who moved out, were dissatisfied or changed providers were not included. Therefore, the two patient narratives are understood as being information-rich individual experiences and not as being indicative of all NK Health patients. This selection impact is also recognised in the study limitations.

3.4 Data Collection Methods

The study employed two complementary data collection methods consisting of document analysis and semi-structured interviews. The adoption of multiple sources of evidence accords with the qualitative case study approach because it facilitates triangulation and enhances the credibility of the research findings according to Yin (2018) and Creswell and Poth (2018), while the study integrates organisational records and stakeholder interviews in order to obtain a comprehensive portrayal of physiotherapy service identity value proposition

and competitive positioning within NK Health Clinic rather than relying upon a single source of information.

3.4.1 Document Analysis

A review of documents took place prior to the interviews in order to develop an understanding of the organisational background, strategic direction and physiotherapy service portfolio of NK Health. According to Yin (2018), organisational documents constitute important contextual evidence that supports the interpretation of interview findings and enriches case study research through data triangulation, and according to Creswell and Poth (2018), document analysis equips researchers with insight into the organisational context, a means of verifying the validity of participant statements and a basis for identifying topics that warrant further exploration during interviews. The documents included in the final analysis were:

1. NK Health company profile; and
2. NK Health physiotherapy brochure, June 2026.

These documents were selected because they provided formal organisational information directly relevant to the study's focus on physiotherapy service identity, value proposition and perceived competitive positioning. The documents and their contributions to the analysis are presented in the following table.

Document	Content Examined	Contribution to the Study
NK Health company profile	Organisational background, stated vision, service portfolio and presentation of NK Health as a healthcare organisation.	Provided contextual evidence regarding the organisation's intended identity, development and formal description of its services.
NK Health physiotherapy brochure, June 2026	Descriptions of physiotherapy	Provided evidence regarding how NK

	services, treatment areas, service communication and promotional messages presented to patients.	Health formally communicates its physiotherapy services, value and intended external identity.
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Table 3. Document Evidence Used in the Study

The documents underwent examination in order to ascertain the manner in which NK Health formally articulates its physiotherapy identity, promotes its service offerings and situates itself within the healthcare market, while information obtained through document analysis further guided the development of the interview guide by highlighting topics that required clarification and deeper investigation during stakeholder interviews.

The document evidence was compared with interview accounts to identify areas of convergence, difference or absence between NK Health's formal organisational communication and stakeholders' interpretations. The documents were used as contextual and triangulating evidence and were not treated as independent proof of market performance or competitive position.

3.4.2 Interviews semi-structured

Data collection occurred primarily through semi-structured interviews. Semi-structured interviews received selection because of their flexibility that permits exploration of participants' perspectives while simultaneously maintaining consistency across interviews through a standardised interview protocol, and according to Kallio et al. (2016), semi-structured interviews prove especially appropriate when researchers seek to examine complex organisational phenomena and enable participants to elaborate on topics that emerge during the conversation.

Eight participants received interviews drawn from five stakeholder groups consisting of the clinic owner, physiotherapy management, marketing,

physiotherapists and patients, and each stakeholder group contributed a distinct perspective on NK Health's physiotherapy services. The owner provided insights into the strategic direction of the organisation, its long-term vision and future service development, while management contributed views on operational implementation, service quality and organisational coordination, and the marketing representative addressed the external presentation and market positioning of the clinic's physiotherapy services within the healthcare sector, while physiotherapists described service delivery, clinical practice and interactions with patients, and patients supplied direct accounts of their treatment experiences and perceptions of the clinic's value proposition.

The interview questions arose from the conceptual framework presented in Chapter 2 and were received in accordance with the four research questions, while different stakeholder groups received tailored interview questions corresponding to their roles within the enterprise, and the interviews centred on four fundamental themes.

1. Stakeholder perspectives of NK Health's physiotherapy service identity
2. Perceived value proposition and patient value creation
3. Competitive positioning and organisational difference
4. Future growth of physiotherapy service and strategic challenges.

This approach provided uniformity throughout interviews but also allowed participants flexibility to discuss themes more relevant to their experiences and responsibilities.

Interviews ranged from 45 to 60 minutes in duration and were conducted one-on-one. Interviews were audio-recorded with the participants' informed consent and transcribed verbatim. All transcripts were anonymised in advance of analysis for participant anonymity and to encourage open debate. Audio recordings and transcripts were kept securely and used solely for scholarly purposes.

Document analysis and semi-structured interviews were used to give complementary evidence. While organisational documentation expressed NK Health's intended identity and strategic direction, interviews revealed how

different stakeholders understood, enacted, and communicated that identity in practice. Combining these two data sources increased the reliability of the findings by enabling comparisons between official organisational representations and stakeholder perceptions.

3.5 Interview Protocol and Operationalization of the Research Questions

The interview methodology was established in a semi-structured design to offer uniformity among participants and opportunities to investigate concerns that developed during the interviews. Semi-structured interviews are preferred when researchers want to explore complex organisational phenomena and to enable participants to describe their experiences, perceptions and interpretations in detail (Kallio et al., 2016) and the interview technique was constructed to match the research goals while giving enough flexibility for interviewees to comment on themes important to their organisational role.

The interview protocol was not a set of questions for each participant but was customised to stakeholder roles, and this approach emphasises that diverse groups of stakeholders have varying information and experiences with NK Health's physiotherapy services. The owner was interviewed in terms of organisational vision, future strategy and service innovation while management was concerned with operational implementation and organisational consistency, marketing was about brand and market positioning, physiotherapists talked about clinical practice and service delivery and patients reflected on their treatment experiences and perceptions of value. Interview questions changed depending on the responsibilities of the stakeholders, but all interviews followed the same analytical framework, which was based on the research questions and theoretical framework introduced in Chapter 2. This guaranteed that material obtained from diverse stakeholder groups could still be compared when doing theme analysis.

Table 4 presents the operationalisation of the study questions.

Research Question	Related Theory	Informed Required	Main Participants
RQ1. What is the physiotherapy service identity of NK Health as perceived and described by key stakeholders?	Service identity	Stakeholders' perception of NK Health's specialty, strengths, service emphasis, and future direction.	Owner, Management, Marketing, Physiotherapist, and Patients
RQ2. What value proposition emerges from stakeholder accounts of NK Health's physiotherapy service, and how is this value experienced by the interviewed patients?	Value Proposition Theory; Service Dominant Logic; Jobs-to-Be-Done	Patient experience, perceived value, communication, empathy, trust, rehabilitation outcomes, patient needs	Physiotherapist, Patients, Managements
RQ3. How do stakeholder interpretations and the value proposition relate to NK	Competitive Positioning	organisational difference, perceived specialisation, branding, market recognition,	Owner, Management, Physiotherapist, Marketing, and Patients

Health's perceived competitive positioning?		communication and stakeholder perceptions of competitive advantage.	
RQ 4. What managerial actions follow from the organisational diagnosis to reduce service-identity uncertainty and strengthen consistency in service communication and execution?	Strategic Ambiguity	Suggestions from stakeholders about organizational alignment, branding, communication, innovation and future service growth.	Owner, Management, Marketing, Physiotherapist

Tabel 4. The operationalization of the study questions

The interview protocol was deliberately theory-driven, instead of question-driven. The interview questions were constructed to gather evidence about one or more of the theoretical constructs. Questions on communication, empathy, trust and the patient experience were developed to explore the clinic's value proposition and co-created value as per service-dominant logic. Questions on expertise, service strengths and organisational focus were used to explore service identity. Additionally, branding, differentiation and future organisational growth questions investigated competitive positioning and strategic uncertainty.

This operationalisation also facilitated the alignment of the literature review, enquiries about the study, interview technique, and subsequent thematic analysis. The interview process was therefore designed to collect descriptive data and provide evidence concerning how stakeholders construct physiotherapy service identity and how they understand its relationship with the value proposition and perceived competitive positioning of NK Health Clinic.

The interview questions were designed to increase data quality by using open-ended language to invite participants to give examples, explanations and comments rather than quick factual responses. When participants raised new issues or needed clarification, follow-up questioning techniques were employed. This strategy was able to provide the researcher with rich descriptions and remain compatible with the exploratory goals of the study.

3.6 Data Analysis Procedures

The qualitative data obtained from document analysis and semi-structured interviews were processed by thematic analysis assisted by NVivo qualitative data analysis software. Thematic analysis was chosen because it offers a systematic yet flexible approach to the identification, organisation, interpretation and reporting of patterns of meaning within qualitative data. Braun and Clarke (2006) describe thematic analysis as a method for identifying, analysing, and reporting patterns (themes) within data. Nowell et al. (2017) elaborate that a rigorous thematic analysis should be transparent, systematic, and trustworthy in its analytical process, enabling the reader to understand how the findings are derived from the data. Qualitative data were organised and analysed using NVivo software as a Computer-Assisted Qualitative Data Analysis Software (CAQDAS). NVivo enables researchers to manage enormous qualitative datasets by facilitating the coding, categorisation, retrieval, visualisation and comparison of textual data according to Wong (2008) while AlYahmady and Alabri (2013) point out that NVivo increases the efficiency of analysis as it facilitates orderly organisation of data, allows the researcher to detect correlations between categories and

topics and makes the process of manual coding easier. Both authors stress that NVivo does not execute the analysis and interpretation of qualitative data; it remains the job of the researcher.

The data analysis entailed six iterative stages as proposed by Braun and Clarke (2006) and Nowell et al. (2017).

Stage 1: Understand the data

The first stage was familiarisation with the data, and this was done through repeatedly reviewing the interview transcripts and organisational documentation. Braun and Clarke (2006) urge that researchers examine and understand the data before commencing the coding process to understand the scope and complexity of the data. Similarly, Nowell et al. (2017) describe familiarisation as requiring repeated reading of transcripts, close examination of field notes and documents, and documentation of preliminary analytical reflections. At this point, all interview recordings were transcribed verbatim, verified for correctness of transcription against the audio recordings, and read several times to provide a holistic knowledge of the participants' observations and experiences. Preliminary notes were made regarding frequently arising ideas, prospective patterns and developing concepts during the familiarisation process.

Stage 2: First Coding

Having familiarised with the data, the interview transcripts were all entered into NVivo for initial coding. Coding is defined by Braun and Clarke (2006) as systematic identification of significant portions of data that are relevant to the research objectives. Nowell et al. (2017) also describe coding as the process of attaching labels to important sections of text while keeping it close to participants' accounts. In this study, initial coding was inductive and involved identifying relevant statements linked to the identification of physiotherapy service, value proposition, stakeholder interpretation, competitive positioning, and organisational development.

This was achieved by NVivo by the researcher creating nodes, assigning more than one code to the same piece of text where appropriate, organising coded data properly, and swiftly retrieving associated quotations. NVivo enhances

coding efficiency, and at the same time, researchers may keep the direct links between the coded segments and the original interview transcripts (Wong, 2008).

Stage 3: Developing the Categories

Following the initial classification, the codes were then aggregated into larger analytical groups. As Creswell and Poth (2018) describe, qualitative analysis proceeds from particular codes to higher-order conceptual categories that encompass more general meanings. In this stage, NVivo tree nodes were used to group similar codes into hierarchical categories, allowing the researcher to view relationships between concepts more methodically. Tree nodes are described as hierarchical coding structures that enable the arrangement of concepts, categories and emergent themes in qualitative research (AlYahmady and Alabri, 2013).

Examples of categories defined at this stage included stakeholder views, professional knowledge, patient-centred care, communication, organisational strengths, branding, specialisation, rehabilitation outcomes and future service development. Throughout this stage constant comparison was used to ensure the categories accurately reflected the similarities and differences between stakeholder groups.

Stage 4: Developing a theme

The analytical categories were subsequently combined into higher-order themes that reflected the main trends within the dataset. This stage involves looking for and reviewing themes by searching for connections between categories and by assessing whether emergent themes fit coded data (Braun & Clarke, 2006). Similarly, Nowell et al. (2017) highlight the cyclical nature of theme generation, necessitating constant movement back and forth between coded data, categories, themes and the original transcripts to maintain analytical rigour and trustworthiness.

In this study, the themes were developed using inductive interpretation of the responses from the stakeholders and deductive interpretation from the theory developed in Chapter 2. Themes were examined throughout the data analysis

process to ensure internal coherence, distinguishability from each other, and compliance with the study questions.

Stage 5: Cross-Stakeholder Comparison

After the theme development, a comparative analysis between stakeholder groups (clinic owner, management, marketing, physiotherapists and patients) was done. Yin (2018) argues that the analysis of qualitative case studies should include the comparison of numerous sources of information through pattern matching and explanation building to improve the analytical validity, and topics from each stakeholder group were carefully examined to identify convergent and divergent views of the physiotherapy service identity of NK Health.

This study deliberately evaluated discrepancies in stakeholder interpretations rather than assume consensus inside the organisation. Shared areas were used as evidence of alignment between the organisations while differences in interpretation were explored to explain variations in service identity, organisational priorities, value proposition and strategic direction. These differences were treated as analytically significant but were not automatically classified as strategic ambiguity and were consistent with Section 2.6. Differences were interpreted as strategic ambiguity only when they were associated with organisational consequences, including conflicting service priorities, inconsistent external messages, branch-level variation or uncertainty regarding future service direction.

Stage 6: Interpretation & Integration

The final process was interpreting the themes found in relation to the study questions and the theoretical framework. Braun and Clarke (2006) argue that thematic analysis involves not just identifying themes but also interpreting their wider meanings and theoretical implications, while Nowell et al. (2017) highlight the need for integrating empirical data within existing theory with an emphasis on transparency in analytical decisions made during the interpretation process.

Strategic ambiguity was examined through a comparison of stakeholder perspectives rather than through frequency measurements alone. Different yet

equally plausible stakeholder interpretations were first identified and then examined to determine whether they were associated with organisational consequences and differences that reflected only the participants' roles or experiences were treated as normal role-based variation and not as evidence of strategic ambiguity.

NVivo generated several analytical outputs during the analysis that included word frequency analyses, coding hierarchies, conceptual maps and diagrams of theme relationships. These representations assist researchers in identifying connections between codes and themes while enhancing analytical transparency, according to Wong (2008) and AlYahmady and Alabri (2013), and in this study the outputs supported interpretation by promoting examination of stakeholder relationships, comparison of perspectives and identification of theme patterns rather than serving merely as descriptive summaries. The analytical process ultimately produced the principal themes presented in Chapter 4 that encompass stakeholders' interpretations of physiotherapy service identity, patient-centred value proposition, service superiority, strategic ambiguity and competitive positioning, and these themes supplied the empirical foundation for addressing the research questions together with the results and recommendations outlined in Chapter 5.

3.6.1 Qualitative Quality Procedures

The study used completed procedures to strengthen credibility, dependability and confirmability. It reports only procedures carried out during the research. Credibility was strengthened by checking interview transcripts against audio recordings and rereading them several times. The researcher compared accounts from the clinic owner, management, marketing, physiotherapists and patients, then examined them alongside the NK Health company profile and June 2026 physiotherapy brochure to identify agreement, disagreement and gaps between formal organisational communication and stakeholder interpretations.

Dependability was supported by following the six-stage thematic-analysis process. The researcher organised and coded interview transcripts in NVivo,

grouped related codes into categories and checked those categories against the original transcripts before developing the final themes. This approach kept the themes presented in Chapter 4 connected to the original data, coded references and analytical categories.

Confirmability was supported through reflexive interpretation. The researcher considered the potential for personal bias and grounded interpretations in interview transcripts, documentary evidence, NVivo coding outputs and comparisons across stakeholder groups. The researcher also checked interpretations against the source data to keep conclusions rooted in participants' accounts rather than personal assumptions.

The study did not use formal member checking, independent second-coder review or a formal audit trail. These procedures are not presented as part of the research-quality process.

3.7 Ethical Consideration

The research followed ethical considerations throughout to safeguard participants' rights, privacy and dignity. Because the study involved interviews with organisational stakeholders and patients, ethical protocols were applied during recruitment, data collection, transcription, analysis and reporting.

The research formed part of the Master of Business Administration thesis process at IPMI Institute and was conducted under the appointed thesis supervisor's guidance and the institution's applicable thesis review and approval procedures. This thesis does not claim separate ethics committee approval or an exemption number because none was available for inclusion. The study's ethical safeguards comprised supervisor oversight, voluntary participation, informed consent, confidentiality, protection of patient information and secure management of research data.

Participation in this study remained voluntary. Each participant received information concerning the purpose of the study, the nature of the interview, the approximate duration of involvement and the utilisation of the data for academic research, while participants further learned of their right to decline participation or to withdraw at any stage without adverse consequences, and

this approach accords with the ethical principles of voluntary involvement and respect for persons established in the Belmont Report according to the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979).

All participants received a briefing about the study prior to the conduct of interviews. The researcher explained that the study sought to examine how stakeholders interpreted the service identity value proposition and competitive positioning of NK Health's physiotherapy service, and participants also learned that the interviews would undergo recording for transcription and analysis, while audio recording proceeded solely upon the granting of participant consent.

Confidentiality and anonymity received maintenance throughout the research. Participants' names remained excluded from the analysis and the final report, while participants received identification according to their stakeholder roles, such as owner, management representative, marketing representative, physiotherapist or patient, which protected individual identities yet permitted comparison of perspectives across stakeholder groups.

The researcher assigned participant codes for reporting and quotation purposes and used them consistently in the participant table, quotations, coding references and results instead of presenting participants' full names. Some codes included role-related abbreviations or identifying conventions and could correspond to participants' real initials. The coding approach withheld full names but did not guarantee complete anonymity from organisational insiders who might identify participants through their roles or interview content.

The researcher anonymised patient responses and used them exclusively for academic purposes. Participants described personal experiences of physiotherapy treatment, but the study did not collect or report sensitive medical records, diagnostic details or private health information beyond what they voluntarily disclosed in interviews. Patient-related data presented in the results remained anonymised to prevent identification.

The study also protected organisational confidentiality. The study utilised NK Health Clinic as the case organisation yet handled confidential corporate

information, internal records, operational data and strategic information with caution, and material that could prove detrimental to the organisation or disclose sensitive internal matters remained withheld without approval, while the investigation concentrated on the academic interpretation of service identity, value proposition and competitive positioning rather than the disclosure of sensitive corporate details.

The researcher securely stored all interview recordings, transcripts, notes and NVivo files while granting sole access to them for academic purposes and ensuring that the data served exclusively for the completion of this thesis without any sharing with unauthorised parties, which aligns with the ethical obligation to safeguard participants and the integrity of qualitative research data (Creswell & Poth, 2018).

Finally, the researcher remained conscious of the possibility for bias in the study because it entailed interpretation of the perspectives of the stakeholders within one particular company and utilised a reflexive strategy in data collecting and analysis so that interpretations rested on interview transcripts, document analysis, coding results and comparison among stakeholders regardless of personal beliefs, which aligns with qualitative research ethics that necessitate transparency, reflexivity and careful drawing of participant perspectives (Nowell et al., 2017).

In this study ethical considerations mostly revolved around voluntary participation and informed consent as well as confidentiality, anonymity, responsible data processing, protection of patient information and careful depiction of participant beliefs and opinions. The research was undertaken in an ethical and respectful manner, and academic integrity was preserved throughout the entire process.

CHAPTER 4

RESULT AND DISCUSSION

4.1 Introduction to Findings

This chapter summarises and discusses the outcomes from semi-structured interviews with eight participants from five stakeholder groups (the clinic owner, physiotherapy management, marketing, physiotherapists, and patients). The interviews were analysed using NVivo software to find common patterns, relationships, and stakeholder opinions on the identity, value proposition, and perceived competitive positioning of physiotherapy services.

The findings are organised under four major categories. The first investigates the stakeholders' impressions of the identity of NK Health's physiotherapy service. The second examines the sources of perceived service strengths and the value received by patients. The third focuses on positioning issues and sources of strategic ambiguity. The fourth and last theme addresses the organisation's aspirational identity and innovation drive. These topics offer an understanding of how stakeholder interpretations correlate to service identity, perceived value proposition and corporate knowledge of NK Health Clinic's competitive positioning. Since the study does not examine market share, financial performance, or direct comparisons with competitors, the links established in this chapter are interpretative rather than causal.

4.1.1 Context of Interpretation and Participant Criteria

Before presenting the topic findings, it is vital to define the criteria for the selection of the participants. The participants were not selected to be statistically representative of a wide population, as this was considered a qualitative case study. Instead, they were selected purposively as they have direct knowledge, expertise, or connection with NK Health's physiotherapy services.

The inclusion criteria for participants were designed to ensure that the conclusions would be based on meaningful, information-rich perspectives.

The key criteria for NK Health employee participants were:

- 1) relatively long-term service in NK Health, preferably three years or above;
- 2) direct experience of NK Health's working mechanisms; understanding of service flow, standard operating procedures, patient handling process, and branch coordination; and responsibility in service delivery, management, marketing communication, or strategic decision-making.
- 3) For management or senior staff participants, more thought was given to whether they had supervisory, coordinating, or decision-making roles, including expertise in mentoring subordinates or influencing service delivery. These factors were crucial as the study considered service identity, value proposition, and competitive positioning.
- 4) It was also important that the employee participants were familiar not only with daily physiotherapy practice but also with the internal workings of NK Health, how the services were communicated, and how the strengths and challenges of the clinic were experienced throughout the organisation.

The criteria for patient participants included the following:

- 1) They had received physiotherapy treatment at NK Health for a relatively long period (approximately over one year) or through repeated treatment sessions (approximately once a week), or the patient has recovered and returns for treatment for different symptoms;
- 2) They were still actively receiving treatment or had recently received treatment at NK Health.
- 3) They had direct experience of physiotherapist interaction, treatment explanation, service atmosphere and follow-up care; and
- 4) They represented the clinic's main target patient segment, particularly middle-to-upper-income patients. This group of patients received selection

because they possessed the capacity to evaluate the perceived value of the physiotherapy services delivered by NK Health with respect to service quality, comfort, therapist expertise, communication, price, and willingness to return or recommend the clinic. However, their viewpoints should not be taken as representative of all NK Health patients, especially those who are first-time, disappointed, discontinued, or transferring providers.

All participants needed to demonstrate willingness to participate voluntarily, furnish informed consent, and discuss their experiences openly. The numerous stakeholder roles allowed the study to compare the intended service identity, its operational interpretation, its external communication and the value experienced by the two interviewed patients. The findings therefore need to be viewed as context-specific explanations within this qualitative single case study and not generalisable implications to the wider patient group or physiotherapy industry.

The criteria employed in this investigation are shown in Table 4.

Stakeholder Group	Participant	Criteria	Relevance to the study
Owner	Mr. NO	Founder and long-term strategic decision maker with direct accountability for the vision of the business, service development and future innovation.	Provided insight into strategic vision, service identity, innovation and long-term positioning of NK Health.
Management	FTR	Long term NK Health employee	Operational viewpoint on

		with experience in physiotherapy operations, service coordination, SOP implementation, quality control and team management.	service consistency, physiotherapy identity, branch coordination and internal alignment.
Marketing	MK	responsible for branding, market communication, understanding of target markets and promotion of NK Health physiotherapy services.	Assisted in providing insight on how the identity and value proposition of NK Health was articulated externally to patients and the market.
Physiotherapist	MA	hands-on experience in patient treatment, rehabilitation services, communication and daily clinical service delivery.	Provided frontline knowledge on patient demands, clinical strengths, quality of service and perceived specialism.

Physiotherapist	MO	Senior Physiotherapist with expertise in assessment, treatment, patient communication and grasp of NK Health's clinical strengths and operational problems	Offer clinical and strategic perspective on service identity, musculoskeletal focus, branding concerns and positioning challenges.
Physiotherapist	YR	involved in daily patient care, rehabilitation treatment, patient education and service delivery.	Supplied viewpoint on physiotherapy daily practice, patient interaction, service consistency and value creation.
Patient	DM	Having experience of repeated or long term physiotherapy treatment at NK Health and direct contact with the physiotherapists	Provided outsider perspective on service experience, comfort, communication, therapist skill and desire to refer.
Patient	Yny	Patient Active or recently active patient having firsthand experience of	Provided external perspective on patient-centered value, treatment experience, recovery,

Figure 4 displays the NVivo word cloud produced from the interview transcripts, and the visualisation presents an overview of the most frequent words appearing in the stakeholder interviews while offering an initial impression of the principal issues examined in the study. Word-frequency analysis was only utilised as an initial orientation technique to support familiarisation with the interview material. It did not identify the themes, evaluate their analytical significance, or demonstrate evidence of participant agreement.

Word frequency analysis revealed that the most frequent term was "health", which appeared 179 times, followed by "services" with 65 instances, "physiotherapy" with 63 occurrences, "service" with 59 occurrences, "patients" with 53 occurrences, "therapy" with 32 occurrences, "physiotherapist" with 28 occurrences, and "clinic" with 25 occurrences, while the prevalence of the word "health" reflects the broader healthcare context of the study, and the frequent appearance of "physiotherapy", "therapy", "physiotherapist", and "clinic" is relevant to the subject and interview questions on the physiotherapy services provided at NK Health. Since these terms were related to the research topic and interview prompts, their frequency was expected and should not be read as an indication of analytical relevance in and of itself.

The recurrence of service and services provided a descriptive indication that service-related matters frequently appeared in the interviews. Although NVivo recorded these as separate words, both keywords indicate that participants repeatedly referred to NK Health in connection with service delivery, service quality, and service experience. However, the frequency of these terms alone does not determine how participants interpreted the service or whether their perspectives were consistent. The appearance of patients amounting to 53 instances reveals that patient-related problems appeared often in the interview transcripts. The content of these connections, including patient requirements, experiences and patient-centred therapy, was further explored through thematic coding rather than just determining a meaning from word frequency.

The word cloud additionally contained therapeutically significant terms such as "musculoskeletal", appearing 24 times, and "rehabilitation", appearing 13 times. These phrases were the first indication of the clinical domains indicated during the interviews. Then, their significance and relevance to the service identity of NK Health was analysed through contextual reading and thematic analysis. This implies that the frequency of these should not be considered adequate evidence that musculoskeletal rehabilitation is the clinic's principal service identity.

The word cloud further displays relational terms that include communication, comfort, friendliness, clarity, understanding explanations, and attention. These words offered a descriptive orientation to the interpersonal dimensions stated by participants but did not independently establish the presence or strength of a theme. The word-frequency data overall furnished an initial indication of the clinical, relational, and strategic themes addressed in the interviews. The four overarching themes in Section 4.3 were arrived at through the contextual interpretation and thematic coding of the entire interview data, not from word frequency or prominence in a word cloud.

4.3 Thematic structure : general introduction

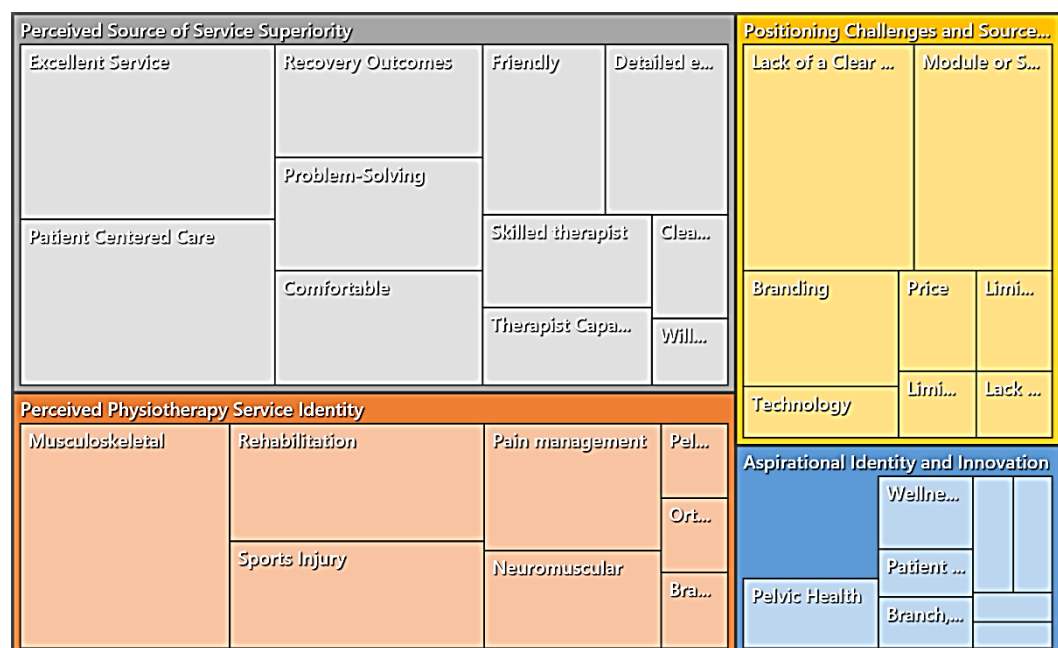


Figure 5. Hierarchy Chart Overview

Figure 5 presents the hierarchy of themes and subthemes derived from the stakeholder interviews ranked according to the number of coding references. The size of each rectangle measures coding-reference volume only and colours show the four main theme categories. Rectangle size does not indicate that a theme is more important than others or that more people agreed with it or that it was statistically significant or that it was a cause and a wider rectangle means more of the interview transcripts were categorised under that subject or subtheme.

The largest theme category encompasses perceived service strengths and experienced service value. The most prominent subtheme comprised excellent service and patient-centred care and coded accounts supported this concerning self-reported recovery issue resolution and patient comfort and friendliness and detailed explanations and therapist competence and cleanliness and willingness to recommend. These results demonstrate that the interviewed stakeholders described service value in terms of a combination of clinical and functional and relational and professional and experience characteristics. The term “perceived service strengths” does not reflect proven superiority over rival physiotherapy providers since this study did not perform comparative market research and neither of the two interviewed patients had used another physiotherapy provider as a foundation for comparison.

The second overarching theme concerns the perceived identity of NK Health’s physiotherapy service. Musculoskeletal care exhibited the highest coding-reference volume among the current clinical associations followed by sports injury and rehabilitation and neuromuscular care and pain treatment. These findings are theoretically clustered around present therapeutic areas and patient problems or recovery aims and developing or future services. Musculoskeletal care is understood to be the most often classified contemporary clinical association and not as a primary specialty that is firmly established. The presence of multiple service categories further indicates that the clinic’s identity remains broad rather than concentrated upon a single clearly dominant expertise.

The positioning-challenge theme reinforces this observation, and among the most substantial obstacles appeared a lack of distinct speciality and branding together with organisational and technological and pricing issues. The findings reveal that the clinic's principal difficulty was not perceived by the selected participants as poor service quality and operational consistency concerns involving service standards and facilities and equipment and therapist practices were also reported. The findings instead indicate difficulty in translating favourable treatment experiences and clinical capability into a clear differentiated and consistently communicated perceived market position.

Innovation and aspirational identity received relatively fewer coding references, and this indicates a lower coding-reference volume rather than lower strategic importance. The future-orientated identity remains less firmly embedded in current stakeholder perspectives than the existing physiotherapy identity of the clinic. These future directions were expressed most clearly by leadership and internal participants, and the two interviewed patients remained focused primarily on their current treatment experiences. Innovation warrants consideration as an emerging strategic direction rather than a fully established component of the organisation's present identity. The data overall indicate a discrepancy between the service value experienced at NK Health and its broad current identity and the more focused or innovative position it may seek to develop in the future.

4.3.1 Perceived Identity of Physiotherapy Service

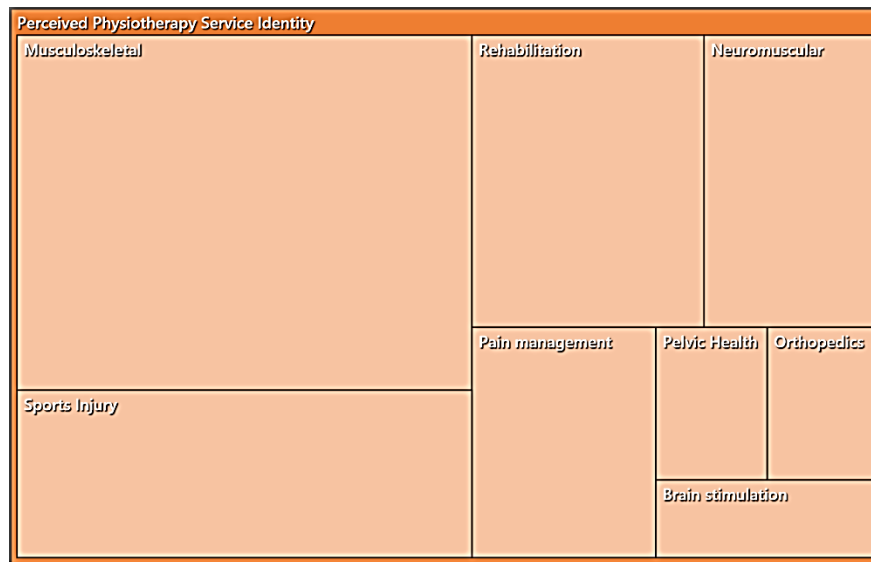


Figure 6. Perceived Physiotherapy Service Identity

Figure 6 illustrates the hierarchical structure of stakeholders' perspectives concerning the physiotherapy service identity of NK Health, and the hierarchy chart compares the sub-themes according to the number of coding references generated from the interview data, while larger rectangles correspond to a higher volume of coding references within the coded material. The chart presents eight clinical identity associations consisting of musculoskeletal care, sports injury, rehabilitation, neuromuscular, pain treatment, pelvic health, orthopaedics, and brain stimulation, and collectively these subthemes elucidate the manner in which internal and external stakeholders perceived the clinical meaning of NK Health's physiotherapy service.

For analytical clarity, the associations can be categorised into three broad conceptual groupings: (i) (i) current clinical domains such as musculoskeletal care, sports injury, neuromuscular care and orthopaedics; (ii) patient problems or recovery purposes such as rehabilitation and pain treatment; and (iii) more specialised or emerging service associations such as pelvic health and brain stimulation. These bigger conceptual categories maintain the original codes.

The interview data indicated that stakeholders did not regard NK Health through a single restricted specialist category, and the clinic instead received

conceptualisation in terms of a cluster of related clinical identities. Musculoskeletal exhibited the highest coding-reference volume, followed by sports injury, rehabilitation, neuromuscular, and pain management, while the remaining domains of pelvic health, orthopaedics, and brain stimulation appeared as categories with lower coding-reference volumes within the identity framework. The overall pattern portrays NK Health as possessing a recognisable physiotherapy identity that remains broad and multi-layered rather than narrowly concentrated upon one dominant speciality.

The dimensions of each rectangle correspond to the number of coding references assigned to the respective sub-theme. The area size represents coded-reference volume only. Coding prominence does not indicate a higher number of participants addressing the topic, greater stakeholder agreement, relative importance, statistical significance, causality or elevated strategic significance of the sub-theme, while it reflects the degree to which the sub-theme surfaced within the coded interview data.

4.3.1.1 The Musculoskeletal as the Main Anchor of Identity

Musculoskeletal constituted the largest subtheme on the hierarchy chart and therefore represented the most prominent clinical association within the data. Stakeholders most frequently linked the physiotherapy identity of NK Health with musculoskeletal conditions that encompass pain, injury, movement dysfunction, and physical rehabilitation involving bones. Joints, muscles, and connective tissue.

The prominence of musculoskeletal treatment indicates this domain was the most prevalent current clinical association coded in interview data. But coding-reference volume alone did not indicate that musculoskeletal care was the clinic's core strategic identity or that all participants believed it was the most significant service domain.

Stakeholders appeared to regard NK Health as a clinic extensively engaged in addressing physical conditions that affect mobility, posture, discomfort, and function, and the significance of this subtheme reflects stakeholder accounts

of the clinic's everyday operational reality, which referred to common musculoskeletal problems such as neck pain, back pain, joint injuries, postural discomfort, mobility limitations, or orthopaedic-related issues.

The musculoskeletal identity further supplies a frequently recognised association within the coded interview data for identifying NK Health as a physiotherapy provider. Musculoskeletal care constitutes a clinical category with the highest coding-reference volume in comparison with smaller subthemes that may represent more specific or emerging service domains. It therefore forms a prominent component rather than a definitively established core of NK Health's present physiotherapy identity.

The coding predominance of musculoskeletal treatment does not imply that stakeholders viewed NK Health solely through this domain, and the presence of several additional significant subthemes demonstrates that musculoskeletal care remained frequently mentioned but not exclusive, while it provided one important element of the clinic's service identity without fully encompassing it.

4.3.1.2 Sports Injury as a Firmly Secondary Identity

The second major subtheme appearing in the hierarchy chart concerned sports injuries and indicates that sports injury was the second most frequently coded current clinical association with the management of injuries arising from exercise, sport, and physical performance.

The frequency of sports injury references indicates the interviewed participants associated the clinic not solely as a destination for patients presenting general physical complaints but also as an organisation competent to address more specialised injury scenarios involving athletes or physically active individuals, which encompass conditions resulting from training, competition, overuse, or physical stress, while the sports injury identity complements the musculoskeletal identity yet introduces a more performance-orientated and activity-focused dimension.

Musculoskeletal care constitutes a broad clinical domain that covers a wide range of physical symptoms, and the linkage with physical performance, active rehabilitation, and return-to-activity treatment goals renders sports injury a pertinent therapeutic domain, while it represents a dynamic form of physiotherapy in which the objective extends beyond symptom reduction to the restoration of functional capacity for sport or movement-orientated activities.

The coding-reference volume of sports injury as a notable subtheme reveals that stakeholders did not conceive of NK Health exclusively in conventional or general rehabilitative terms, and they recognised a clinically active and movement-orientated aspect of the service which reinforces the clinic's identity as a physiotherapy provider attentive both to pain management and to the recovery of physical capacity. Coding-reference volume alone does not demonstrate stakeholder agreement or establish sports injury as NK Health's formal secondary speciality.

The close association of musculoskeletal and sports injuries indicates that these two domains were among the more frequently coded current clinical associations within the clinic's identity structure. In practice they remain closely interrelated because many sports injuries involve musculoskeletal dysfunction, and their separate appearance within the coding hierarchy suggests that sports injury emerged in the interview data as a distinct and recognisable domain of care. This interpretation is based on the coded interview accounts rather than caseload data and comparative market evidence and documented strategic designation.

4.3.1.3 Rehabilitation as a Functional and Restorative Identity

Rehabilitation constituted another major subtheme within the hierarchy chart and ranked among more frequently coded associations. This subtheme illustrates the restorative role of NK Health's physiotherapy service and indicates that the interviewed participants described the clinic in terms of its capacity to support patients in recovering physical function and mobility and independence.

The emphasis on rehabilitation indicates that the interviewed participants associated NK Health not solely with particular conditions but with a broader therapeutic purpose of assisting individuals to improve following injury, illness, discomfort, or movement limitation, and rehabilitation consequently functions as an identity grounded in process and self-reported outcomes rather than diagnostic category alone while it underscores recovery, recuperation, and functional enhancement.

This dimension holds importance because it expands the meaning of physiotherapy identity. A clinic may receive identification according to the types of cases it manages or according to the nature of the service it delivers, and rehabilitation belongs to the latter category, as it reflects the manner in which the interviewed participants understood the clinic's contribution to progressive recovery.

The rehabilitation identity further maintains a connection with patient experience. The two interviewed patients may not always describe their conditions in scientific diagnostic terminology, and they commonly framed their treatment experiences as processes of rehabilitation that involve regaining movement and reducing discomfort and restoring activity and resuming daily life, which positions rehabilitation as a clinically broad yet experientially meaningful recovery-purpose category rather than an equivalent clinical speciality category.

The coexistence of rehabilitation with musculoskeletal care and sports injury suggests that within the interview data the identity of NK Health is centred not exclusively on pathology but also on function. The participant accounts described the clinic not merely as treating specific physical conditions but also as supporting recovery from them.

4.3.1.4 The Expanded Clinical Identity of the Neuromuscular

Neuromuscular emerged as a frequently coded current clinical domain within the hierarchy chart, which indicated that the interviewed participants

associated NK Health with interventions targeting conditions that involve interactions between the nervous system and muscular performance.

The interviewed participants described the clinic's identity as advancing past conventional musculoskeletal and injury-focused therapy through the inclusion of neuromuscular services, and they associated NK Health with the management of more complex physical conditions that encompass movement regulation and coordination and nerve-related impairments and neuromuscular disabilities.

The presence of this subtheme holds significance because it expands the perceived clinical scope of NK Health's physiotherapy service so that the organisation is perceived not merely as a provider of routine physical treatments but as an entity associated with functional movement and neuromuscular care. This renders the overall service identity more intricate while simultaneously reinforcing stakeholder perceptions of diversified physiotherapy capabilities.

Within the interview data linking the clinic with musculoskeletal care and sports injury and rehabilitation and neuromuscular treatment offers clinical richness, and it may also make the service identity more difficult to reduce to a single elementary market category. This interpretation reflects the accounts of the interviewed participants rather than a measured assessment of wider public or market perception.

The relevance of this subtheme suggests that within the coded interview accounts the clinic's identity was not confined to one tier of physical care since the organisation's service profile encompassed both general and specialised physiotherapy modalities as identified by the interviewed participants.

4.3.1.5 Pain Management: A Practical Service Identity

Pain management constituted another subtheme with an intermediate coding-reference volume within the hierarchy chart and the interviewed participants framed the physiotherapy services of NK Health according to their capacity

for controlling pain and alleviating discomfort and supporting patients in coping with physical conditions that influence quality of life.

Pain management diverges to a limited degree from the remaining primary subthemes since it does not constitute a clinical speciality comparable to musculoskeletal care or neuromuscular treatment and instead functions predominantly as a patient-centred practical identity given that the interview accounts described pain as a common reason for seeking physiotherapy services, whether of musculoskeletal or post-injury or neurological or functional origin.

The appearance of pain management within the coding hierarchy indicates that the identity of NK Health was constructed not exclusively through professional or diagnostic classifications but also through the tangible difficulty that patients sought to resolve, namely pain. This practical identity holds particular relevance because patients may perceive healthcare services according to the problem being addressed rather than solely through technical clinical categories. It thereby links patient experience with clinical identity and directs the physiotherapy capabilities of the clinic toward a more immediate and accessible service interpretation.

The intermediate coding-reference volume of this subtheme within the figure indicates that pain management formed a recurring element of identity. Its position and rectangle size do not establish that it was indispensable or strategically important or agreed upon by all participants. It contributed to strengthening the broader perception of NK Health as a provider of physiotherapy and rehabilitation services that confront genuine physical conditions in a concrete and practical manner.

4.3.1.6 Pelvic Health as a More Specific Identification Association

Pelvic health appeared as a subtheme with a lower coding-reference volume relative to musculoskeletal care, sports injury, rehabilitation, and neuromuscular treatment, and its position within the hierarchy chart carries analytical value since interview data identified pelvic health as a component

of the physiotherapy identity of NK Health even though it had not attained the status of a primary or frequently discussed domain.

The lower coding-reference volume of pelvic health indicates that stakeholders regarded this identity as less frequently discussed within the interview data. The smaller area in the hierarchy chart does not demonstrate that pelvic health was less important or less recognised or supported by fewer participants. The inclusion of this element indicates that the physiotherapy identity of NK Health extended into particular and potentially expanding areas of specialisation.

Pelvic health holds relevance because it may signal a potential direction toward service differentiation through specialised intervention given that musculoskeletal care and rehabilitation represent broad and conventional associations with physiotherapy, while pelvic health constitutes a more focused domain capable of denoting a specialised service focus within a distinct patient group or therapeutic requirement.

The incorporation of pelvic health into the hierarchy chart indicates that this service area appeared within the coded stakeholder accounts, although it had not yet become central to the clinic's primary identity. It is interpreted as a more specialised or emerging service association rather than an established stakeholder-wide identity. This enriches the portrayal of NK Health as a clinic that maintains a broad and evolving spectrum of physiotherapy interventions.

4.3.1.7 Orthopaedics involving an associate as a supporting speciality

Orthopaedics constituted an additional subordinate subtheme with a lower coding-reference volume within the identity hierarchy, and certain stakeholders associated NK Health with the management or restoration of orthopaedic conditions.

Orthopaedics maintains a close affinity with musculoskeletal intervention while carrying a somewhat more formalised medical connotation that encompasses post-operative rehabilitation and fracture recovery and joint problems and ligament injuries and treatment of medically diagnosed

conditions affecting the musculoskeletal system, and its placement on the chart indicates that the stakeholder accounts described the identity of NK Health not solely through general physiotherapy terminology but also from more medically specialised classifications, which in turn contributed to the perceived clinical breadth of the clinic's service identity.

The orthopaedics subtheme remains comparatively limited in coding-reference volume and appeared within the interview data as a supplementary therapeutic association rather than a frequently discussed identity association. It contributed to the broader musculoskeletal and rehabilitative profile of the clinic without independently defining the organisation's service identity. Its smaller area in the chart does not indicate lower importance or limited stakeholder agreement or reduced strategic significance. Orthopaedics contributed to the perceived clinical depth of NK Health's physiotherapy service even while receiving fewer coding references than the more frequently coded clinical associations.

4.3.1.8 Brain stimulation as an exclusive, although insignificant, identity element

Brain stimulation ranked among the subthemes with the lowest coding-reference volume within the hierarchy chart, and its inclusion retains analytical significance since particular stakeholders connected the physiotherapy identity of NK Health with more specialised or innovative interventions, including neurological or stimulation-based approaches.

Brain stimulation had not yet become central to the currently perceived identity of the clinic, which is reflected in its comparatively limited coding prominence, and stakeholders presented it instead as a peripheral yet distinctive identification element that had entered the discourse surrounding NK Health without appearing as a frequently discussed association in the interview data. The smaller area in the hierarchy chart does not establish that the service was insignificant or less important or recognised by fewer participants.

Brain stimulation differs from the remaining subthemes because it constitutes a more precisely delineated and emerging service concept rather than a broad everyday clinical category, and its presence indicates that some internal stakeholder accounts extended the service identity of NK Health beyond conventional physiotherapy domains into exclusive or emerging areas that may offer a basis for future differentiation.

Even as a smaller region on the hierarchy chart, brain stimulation introduced an emerging dimension to the identity structure by indicating some internal participants associated the clinic's future direction with innovation and specialised expertise that surpassed the more established core service domains. Brain stimulation is interpreted as an internal or leadership-orientated aspiration rather than an established stakeholder-wide service identity.

4.3.1.9 Meaning of Relationship between Identity and Service

The findings associated with this theme indicate that the identity of physiotherapy services operated across multiple layers of significance.

Identification functioned at one level as a clinical classification in which stakeholders characterised NK Health according to established physiotherapy domains that included musculoskeletal care, sports injury, rehabilitation, neuromuscular treatment, and orthopaedics.

Identity operated at a further level as a problem-orientated or recovery-purpose meaning whereby pain management and rehabilitation conveyed the types of patient requirements addressed by the clinic and the manner in which patients might comprehend its practical function.

Identity operated at a third level as a developmental meaning since pelvic health and brain stimulation represented domains that extended the image of the clinic beyond conventional expectations of physiotherapy and introduced a more specialised or evolving dimension to the overall profile. These Developmental associations appeared more clearly in internal stakeholder accounts and should not be interpreted as an established stakeholder-wide identity.

The integration of these three levels indicates that, within the interview data, the service identity of NK Health extended beyond simple branding and constituted a combination of clinical associations, patient needs, and organisational direction so that the hierarchy chart simultaneously displays the substance of the identity and the factors that led the interviewed participants to describe it as broad and multi-layered. The chart presents coded stakeholder interpretations rather than a formally established service identity or proof of agreement across all stakeholder groups.

4.3.1.10 General finding

The principal outcome of this theme indicates that NK Health possesses a recognisable yet broad physiotherapy service identity in which current clinical association with the highest coding-reference volume centers on musculoskeletal care, followed by sports injury rehabilitation, neuromuscular treatment, and pain management. Associations with lower coding-reference volumes, including pelvic health, orthopaedics, and brain stimulation broaden the identity framework.

This configuration shows the interviewed participants recognised NK Health as a physiotherapy provider without restricting the organisation to one specialist identity and instead interpreted it through multiple interconnected clinical meanings that together formed a broad and multi-layered service identity.

The results indicate that NK Health maintained a physiotherapy identity that appeared recognisable but broad and only partially consolidated with musculoskeletal care and related rehabilitation services, providing the most frequently coded current associations. supplying the firmest foundation and supplementary as well as emerging sectors, extending the identity beyond any single dominant category.

The overall identity may be characterised as extensive physiotherapy capabilities orientated toward recovery-focused care, which supported the interviewed participants' perception of NK Health as a credible physiotherapy

clinic. However, the study does not establish that this identity objectively positions NK Health more strongly than competitors or that it is consistently recognised by the wider market. The identity remained sufficiently wide to accommodate varied stakeholder interpretations of the precise recognition attached to the clinic, demonstrating the continuing uncertainty surrounding its dominant speciality identity.

4.3.2 Sources of Service Superiority Observed

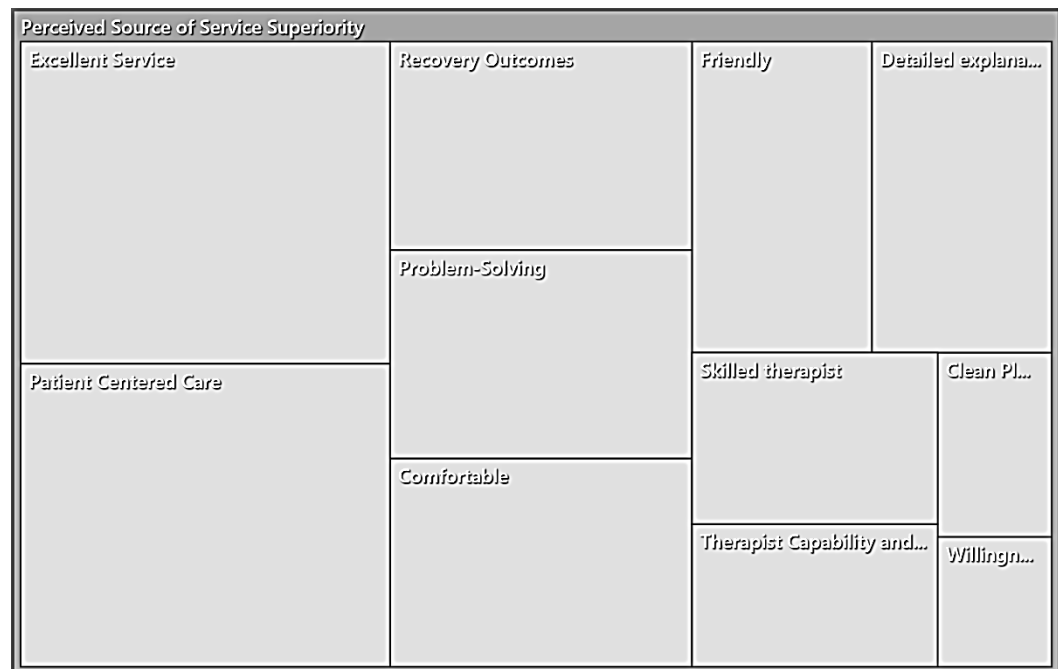


Figure 7. NK Health Service Superiority Observed

Figure 7 presents an overview of stakeholder impressions concerning perceived service strengths and experienced service value at NK Health. The figure derives from coded interview data while displaying the subthemes according to the volume of coding references. The dimensions of each rectangle coding-reference volume only rather than necessarily indicating the quantity of participants who addressed the matter, participant agreement, relative importance, statistical significance, causality or the objective significance of theme.

The concept of service superiority denotes superiority as perceived and experienced by the participants instead of an objective comparison of NK Health against every competing physiotherapy provider. The hierarchy chart discloses multiple interconnected sources of perceived superiority encompassing excellent service, patient-centred care, self-reported recovery outcomes, problem-solving, friendliness, detailed explanations, comfort skilled therapists, therapist capability and development, clean treatment environment, and willingness to recommend.

The arrangement of these subthemes indicates that stakeholders did not construe perceived service superiority as a clinical or technological attribute but generated it through the interplay of self-reported recovery outcomes, professional competence, communication, interpersonal care and the overall patient experience.

Note: Area size represents coded-reference volume only. The term “perceived service superiority” refers to the interviewed participants’ perceptions and experiences and does not establish verified superiority over competing physiotherapy providers.

4.3.2.1 Overall evaluation of excellent service

Excellent service constitutes one of the primary subthemes within the hierarchy chart. Participants assess the physiotherapy experience at NK Health in a broad and positive manner rather than isolating any single service characteristic. The term 'good service' serves to characterise the collective effects arising from therapist competence and communication as well as attentiveness and friendliness, together with self-reported treatment outcomes and service atmosphere.

The two patient interviews furnish participant accounts that support this overall rating. Patient DM characterised the physiotherapy service as excellent while relating an experience that involved a competent therapist and extensive communication along with solutions to issues and a sense of being cared for.

This patient further reported a favourable overall experience and indicated having recommended NK Health to several friends.

Patient Yny characterised the service as responsive and easy to grasp as well as comfortable and beneficial. The association of the patient's positive rating occurred with self-reported improvement after treatment and polite reception together with confidence in returning to NK Health when another physical problem arose.

Physiotherapist MO identified outstanding service as a major benefit of NK Health while explaining that physiotherapists displayed politeness from the moment of patient arrival and demonstrated professional competence in managing patient difficulties. Physiotherapist YR likewise recognised outstanding and comprehensive service as a major strength, which the cleanliness of the room and thorough examination, along with patient education and explicit explanations, reinforced. These participant accounts suggest convergence within the interviewed stakeholder group between the service physiotherapists provide and the service the two interviewed patients reported experiencing.

Good service functions as an umbrella rating for this issue. It represents the entirety of the patient experience and does not constitute a separate process that occurs in parallel with the other subthemes. The combination of self-reported recovery outcomes and problem-solving as well as patient-centred care and communication together with comfort and therapist competence provides an explanation for the participants' description of the service as good.

This review reflects the perceptions of the interviewed participants and does not objectively or comparatively prove the superiority of the services over other physiotherapy providers.

4.3.2.2 Patient-Centred Care as the Relational Platform for Superiority

Patient-centred care forms another major subtheme. This subtheme defines a service orientation that regards the patient as an individual who possesses a medical condition and emotional state as well as concerns and preferences, together with expectations for recovery, and the therapy process takes all of these into consideration.

The two patient accounts indicate that individuals experienced being cared for through direct engagement with physiotherapists. Patient DM perceived that the therapy process truly considered personal needs and physical conditions. Patient Yny rated the service as attentive and observed that the condition received thorough attention. Perception of patient-centredness in both cases occurred through discourse and explanation as well as responsiveness and personal care rather than solely through clinical therapy.

The management participant also views patient-centredness as a desired organisational value. FTR identified the main advantage of NK Health as its patient-centricity and added that the therapy process includes patients at every step while treatment considers the requirements of patients and their families. Empathy served as a key element in this process because it enabled patients to feel that human concern handled them rather than treating them as impersonal clinical cases. FTR further identified patient centricity as a distinctive attribute that makes patients feel as though the service treats them like family.

Physiotherapists' accounts reveal this practice orientation within the service. MA indicated that the treatment technique depends on the character and demands of each patient. A calm or emotionally sensitive patient may require a slower and more reassuring approach, whereas a younger or more direct patient may prioritise diagnosis and resolution of the physical problem.

Patient-centredness does not entail provision of the same interpersonal approach to every patient. The implication is that the physiotherapist adjusts communication and participation while the clinical goals of therapy remain

intact. Patient-centred care constitutes the relational pillar of the apparent perceived excellence of NK Health.

The findings indicate that patients do not function merely as recipients of clinical interventions. Involvement of patients occurs throughout the course of treatment, and their questions and concerns, as well as comfort and knowledge, inform the administration of physiotherapy.

The results presented here are confined to the experiences of the two interviewed patients and the interpretation of the interviewed internal stakeholders. They do not show that all NK Health patients receive patient-centred treatment in the same approach.

4.3.2.3 Functional Value of Recovery Outcomes

A significant component of the hierarchy chart is constituted by recovery outcomes since this subtheme encompasses the physical and functional changes associated with treatment by the two interviewed patients. These modifications incorporate injury recuperation and complaint minimisation alongside enhanced mobility and a strengthened conviction regarding the positive impacts produced by physiotherapy.

Improvement concerning a prior physical grievance was reported by Patient Yny, who subsequently visited NK Health for an alternative ailment due to perceiving the initial therapy as highly beneficial. Post-treatment amelioration of this secondary issue was similarly observed by the patient because a pre-existing belief regarding the positive results produced by NK Health directly motivated this decision to return. Patient DM also attended NK Health because of restricted mobility that followed multiple health conditions and described the treatment experience in positive terms. The marketing perspective stressed recovery outcomes as well. MK indicated that the quality of physiotherapists at NK Health links to the competency of the clinic. The clinic invests in physiotherapy experts so that patients feel comfortable and achieve recovery after treatment. This statement represents the marketing participant's perspective rather than an independently measured clinical outcome. This

perspective positions recovery as the consequence of therapist competency and service quality rather than the result of equipment alone.

The recovery-outcome subtheme demonstrates the functional value that the service creates. Patients attend physiotherapy because they seek physical improvement and reduction of pain as well as better movement or a return to previous activities. A positive interpersonal experience would prove insufficient if the treatment failed to address the patient's physical problem. Recovery supplies the functional framework that renders the relational and experiential dimensions of service excellence relevant.

These findings concern self-reported and perceived recovery outcomes. The study included no clinical measurements or standardised outcome instruments or before-and-after medical assessments. The theme indicates that the two interviewed patients reported improvement and other participants perceived recovery as an important service outcome, and it does not independently establish comparative clinical effectiveness against different physiotherapy providers.

4.3.2.4 Problem Solving as a Professional and Clinical Value

Problem-solving constitutes a unique feature of service quality that relates to recovery results. Recovery results focus more on the patient's post-therapy experience, and problem-solving focuses on the way the physiotherapist comprehended and explained as well as responded to the patient's condition.

Patient DM connected comfort with communication and defined the physiotherapist's approach as problem-solving. This connection reflects that the patient valued the physical intervention and the rationale for the intervention. The physiotherapist explained to the patient the necessary actions and the reasons that made the treatment method appropriate.

MO identified problem-solving as the greatest strength of NK Health's physiotherapists. According to MO, several people received treatment elsewhere for their condition and failed to obtain a satisfying remedy before they approached NK Health. The patients sought identification of the

underlying issue and explanation of the condition as well as development of a means to address the problem. This account was provided by the physiotherapist and was not independently verified through interviews with those patients or other physiotherapy providers.

Problem resolution in this context incorporated clinical reasoning and professional judgement together with the ability to convert assessment findings into a treatment plan that the patient could understand.

MA considered the clinic's approach to thinking and communicating as well as caring for patients to be unique. This participant characterised NK Health as a problem-solving clinic because physiotherapists endeavour to identify the patient's problem and provide an explanation of the situation along with the required response.

The relationship between problem-solving and trust holds great importance. Patients may lack the ability to evaluate the entire technical quality of the physiotherapy treatment, and they may still evaluate whether the therapist listens carefully and detects the problem as well as offers a logical explanation and responds correctly when progress changes. Clear displays of reasoning and responsiveness and professional skills may contribute to trust.

Problem resolution contributes to perceived service value in two ways: it may enhance functional value through an increased probability of an adequate treatment response, and it also provides psychological utility through the elimination of uncertainty and the provision of comfort that the illness receives proper understanding. These relationships represent participant interpretations and were not tested as causal relationships.

4.3.2.5 Friendliness and Social Warmth

Friendliness forms a significant subtheme within the hierarchy chart and represents the interpersonal manner in which physiotherapy is offered. Linkage of friendliness occurred with being welcomed and greeted as well as treated courteously and approached in a way that reduced tension during the treatment process.

MO described the way NK Health physiotherapists welcome patients with a smile from the moment of arrival and connected this friendliness to patients' willingness to return. YR found that patients valued cordial connection and thorough explanations of treatment. MA reported that physiotherapists are expected to behave in a polite and courteous as well as friendly manner as part of the service behaviour.

The account of Patient Yny supports this internal judgement. Patient Yny expected and experienced kindness as one of the features during treatment. The patient also described the manner of treatment as pleasant and friendly. Friendliness constituted not only an internal assertion of the business, but it also appeared in one interviewed patient's reported experience of service.

Friendliness constitutes an important factor in service quality because physiotherapy frequently involves repeated consultations and physical touch as well as uncertainty regarding recovery. A cordial contact can increase the patient's comfort in discussing symptoms and asking questions as well as participating in treatment. It further transforms the service encounter from a purely clinical transaction into an ongoing therapeutic partnership.

The results do not imply that friendliness can replace professional competence. Friendliness enhances the delivery of professional care through greater accessibility of clinical information and a more helpful therapeutic relationship. This interpretation is based on the interviewed participants' accounts and should not be generalised to the entire patient population.

4.3.2.6 Detailed Explanations and Quality of Communication

Another important subtheme is the detailed explanations. Participants repeatedly associated high-quality service with the capacity of physiotherapists to communicate the patient's condition, treatment procedure, exercises, predicted outcomes and next steps in a language patients might have understood.

Patient DM recounted a discourse where the physiotherapist explained in detail so the patient understood what to do. Patient Yny also mentioned that

The therapist and workout guidance were given with detailed and easy-to-comprehend explanations. These stories suggest that information itself was part of the value of treatment.

The two interviewed patients were not only given physiotherapy through physical procedures but also knowledge that enabled them to understand and participate in their recovery. The description of YR further supports this finding from the physiotherapist's standpoint. Patients enjoyed detailed explanations, as these explanations helped them understand their care, according to YR. FTR also linked better service to better communication, noting that patients need to know what they are going through, what needs to be done and what they may expect from the treatment process.

Detailed explanations play numerous roles in the service experience. It lowers uncertainty, demonstrates the competence of the therapist, allows the patient an opportunity to participate in activities of rehabilitation and provides reassurance regarding the process of recovery. It also links problem-solving to patient-centred care: the physiotherapist does not just find a solution but expresses that answer in a form that the patient can comprehend and use.

The focus on extensive explanations indicates that, within the interviewed participants' accounts, communication is not an add-on after clinical treatment. Communication is one of the ways that clinical value is delivered. A technically correct treatment that the patient does not understand may create less confidence and participation than a treatment that has clear and extensive guidance.

4.3.2.7 Comfort as an Affective and Experiential Outcome

A significant element within the hierarchy chart is represented by comfort since interview evidence demonstrates how both physical and psychological dimensions are encompassed by this concept.

The clinic atmosphere and treatment location, along with freedom from excessive waiting or annoyance, constitute physical comfort because Patient Yny noted a pleasant atmosphere and quick patient service by staff as factors

rendering the treatment comfortable, while the management participant identified comfort and cleanliness as crucial aspects influencing patient preferences.

The connection between patient and therapist defines psychological comfort since Patient DM attributed their return to NK Health to the comfort experienced with the physiotherapists. Particular relevance for older patients regarding the need for comfort and friendliness was observed by MA, whereas a more direct problem-solving approach might be preferred by some younger patients, and this observation represents the physiotherapist's untested interpretation across different patient age groups.

Equal regard from all patient groups is not received by comfort based on the participant's account even though a significant component of perceived value is maintained by it. A feeling of being protected and accepted alongside being listened to and placing trust in the therapist generates comfort since this concept forms an emotional consequence of the interaction between the physical environment and staff conduct alongside communication and professional skill rather than constituting merely an aesthetic quality of the clinic.

Physiotherapy may involve discomfort and anxiety or a longer recovery period, and psychological comfort can support continuing commitment. The coding-reference volume of this subtheme indicates the perceived service strength of NK Health associated with its capacity to create an environment in which patients remained willing to continue treatment and open to discussing issues. It does not establish comparative superiority over other physiotherapy providers.

4.3.2.8 Competent Therapists and Organisational Competency

The subthemes of skilled therapists and therapist capabilities establish the professional foundation of NK Health's perceived service superiority. The skilled therapist concept relates primarily to the capacity of individual physiotherapists to assess and treat as well as communicate and manage

patients. Therapist competency denotes the broader organisational capacity to recruit and train as well as develop physiotherapists who can deliver the expected quality of service.

Physiotherapists at NK Health were described by participants as demonstrating the ability to manage patient difficulties in a professional manner. MO connected therapist skills with internal and external training. Competence constitutes not merely an individual quality according to the participant's account and ongoing professional development, as well as organisational investment in staff, which was described as reinforcing it.

The owner's approach positioned human resources at the centre of perceived service superiority. Physiotherapy received recognition as a service rather than a product, and greater emphasis fell on educated human resources and excellent procedures than on equipment alone. The owner recognised service expertise as the domain in which NK Health held the strongest perceived competitive position and questioned whether increased investment in robotics or technology would automatically enhance the service. This represents the owner's interpretation rather than an objective comparison with competitors.

The marketing standpoint aligned with this interpretation. MK observed that competitors might concentrate on facilities or equipment, and NK Health places greater emphasis on investment in physiotherapists and medical professionals. Staff training aimed to improve comfort and recuperation, and the quality of the physiotherapist received a description as the principal distinction conveyed to patients. This statement represents the marketing participant's perspective and was not supported by systematic competitor analysis.

These accounts present convergence among the interviewed internal stakeholders, in which NK Health's perceived superiority receives framing as people-centred rather than equipment-centred. Technology and tools may improve assessment and treatment, but they cannot substitute the clinical reasoning and communication as well as the empathy and adaptability of the therapist.

Analytical distinction between individual therapist talent and organisational capability remains necessary. Individual skill produces the value of the direct treatment encounter. Organisational capability forms the environment that builds and sustains as well as replicates such expertise through recruitment and training as well as service standards and professional development.

4.3.2.9 Clean treatment ambiance

The clean treatment environment occupies a smaller position on the chart and still constitutes a substantial supporting aspect of perceived superiority. Association of cleanliness occurred with professionalism and comfort as well as confidence in the service environment.

YR recognised room cleanliness as a factor that influences patients' choice of NK Health and related cleanliness with trust and comfort. FTR identified a pleasant and clean environment as one of the elements that influence patient preferences in services.

Cleanliness does not appear as the fundamental source of perceived superiority. Patient-centred treatment, service quality, recovery, and therapist competency received greater coding-reference volumes. However, coding-reference volume does not establish their relative importance or the degree of stakeholder agreement.

The physical atmosphere remains important in reinforcing the legitimacy of the overall service experience. Cleanliness contributes to the impression that the clinic operates properly and demonstrates concern for patient welfare. The subject therefore functions as a facilitating condition. It may lack independent clinical value, and it enhances the experiential value of the treatment interaction.

4.3.2.10 Readiness to come back and recommend

Willingness to suggest constitutes a modest subtheme and forms a reported behavioural consequence of the other drivers of perceived service superiority.

Patient DM acknowledged the recommendation of NK Health to a number of friends. This recommendation rested on a positive experience involving great service and comfort as well as comprehensive explanations and confidence in the physiotherapist.

Patient Yny stated willingness to refer NK Health to relatives or other individuals with physical concerns. Patient Yny also returned to NK Health for a different problem after reporting improvement following previous treatment.

These narratives indicate that the value of service extended beyond immediate appreciation. Positive encounters were associated with reported reuse and informal recommendations among the two interviewed patients. A recommendation demonstrates confidence because the patient willingly associates personal credibility with the clinic through referral of family or friends to its service.

Neither patient had previously attended a different physiotherapy provider. Their evidence reflects strong satisfaction and confidence as well as loyalty grounded in firsthand experience with NK Health, and it supplies no direct comparison data with competitor clinics. The concept of superiority within this theme continues to rest on participant perceptions rather than comparative market research.

The two patients who were interviewed first came to NK Health on the basis of personal recommendations and thereafter expressed willingness to promote the clinic to others. However, evidence from two patients cannot prove that personal recommendations are the main mode of acquisition for the larger market.

4.3.2.11 Sources of Service Superiority

The results can be interpreted through the four value dimensions offered by the conceptual framework of the study.

Value Dimension	Relevant subthemes	Meaning within the findings
Functional value	Recovery outcomes and problem-solving abilities	Patients improved and appreciated the clinic's capacity to recognise and address physical difficulties.
Relational value	Patient-centred treatment, kindness and clear explanations	Empathy, attention, communication and the therapeutic relationship provided value.
Professional value	Therapist competence Therapist capacity	Clinical competence, professional reasoning, training and staff development were valued by stakeholders.
Experiential Value	Good service, comfort, and cleanliness	The two interviewed patients rated aspects the overall experience of therapy including atmosphere, welcome and emotional comfort.
Behavioural consequence	Willingness to return and recommend	Positive functional, relational, professional and experiential value was associated

		with reported to loyalty and advocacy.
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Table 6 . Value dimensions

This combination demonstrates the relationship of the subthemes. They are interconnected elements through which patients sense the value of service. Therapist skills facilitate assessment and issue solutions. Problem-solving is associated with perceived recovery results. Detailed explanations render the clinical process understandable. Kindness and patient-centred care generate emotional reassurance. Comfort and cleanliness support the therapy environment. Patients describe the service as great and become willing to return or recommend the clinic when these features are experienced in combination.

The results align with the service-dominant logic perspective of the study. Value did not arise from physiotherapy procedures or equipment alone. Ongoing interaction between patients and physiotherapists developed it. Communication and trust as well as patient involvement and collaborative problem-solving shaped the understanding and experience of the treatment. The service created value through professional action and relational interaction.

The theme indicates, from a jobs-to-be-done standpoint, that the interviewed participants described multiple outcomes simultaneously. Recovery outcomes and problem solutions satisfied functional demands. Comfort and friendliness as well as clear explanations met the emotional demands for reassurance and confidence along with comprehension. The therapeutic relationship enabled patients to feel supported during a process that could involve pain and uncertainty or long-term rehabilitation.

Functional and emotional jobs were strongly present in the interview data. Evidence of a separate social job was more limited and did not emerge as a strong independent category. Therefore, the three JTBD categories guided the analysis but were not assumed to appear with equal strength.

4.3.2.12 General Conclusion

The main finding of this theme is that NK Health's perceived service excellence is grounded in the blend of clinical competence and human-focused service delivery. The superiority was not largely attributed by participants to modern technology, specialist equipment or the physical look of the clinic. Instead, they repeatedly connected it with trained physiotherapists, professional problem-solving, self-reported recovery experiences, clear explanations, friendliness, comfort and patient-centred attention.

The theme also reflects a higher degree of stakeholder alignment on service value than clinical specialisation. Stakeholders experienced a range of ways to describe what NK Health should primarily be known for, but there was substantially more apparent convergence within the interviewed stakeholder accounts in their definitions of how the clinic produces value.

Management, physiotherapists, the two interviewed patients, the owner and marketing all mentioned some combination of quality of service, therapist skill, communication, empathy, recovery and patient comfort. This shows that NK Health already has an identifiable value proposition within the interviewed stakeholder group regardless of whether its wider service identity is still only partially consolidated.

The value offer is seen as physiotherapy driven by people and orientated around the patient, where technical expertise is blended with communication, individual attention and a supporting therapeutic relationship. Therefore, the origin of perceived superiority is not one service delivery element but the clinic's capacity to blend professional competence with interpersonal care during the patient's recovery process.

This perception of superiority is based on the stories of the people who were interviewed and does not represent objective superiority or comparative clinical effectiveness or greater competitive performance than other suppliers of physiotherapy services.

4.3.3 Strategic Ambiguity and Positional Conditions

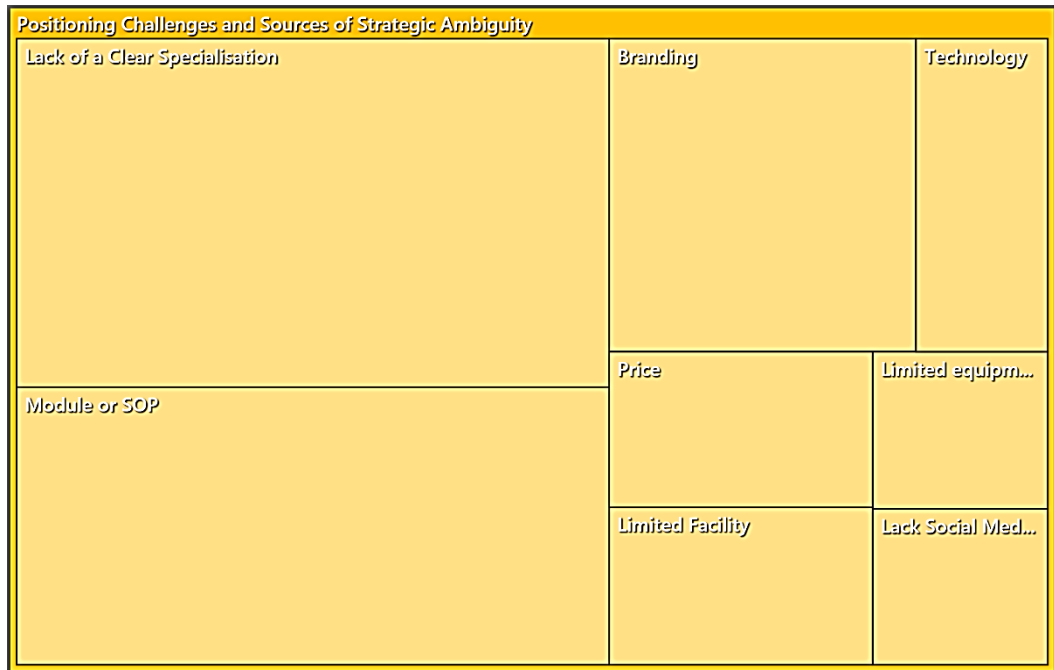


Figure 8 .Positioning Challenges and Sources of Strategic Ambiguity

Figure 8 displays the hierarchy of positioning problems and sources of strategic uncertainty revealed in the stakeholder interviews. The hierarchy chart consists of eight subthemes that are interconnected, such as lack of a distinct specialisation, module, or Standard Operating Procedure (SOP); branding; technology; price; restricted facilities; limited equipment; and lack of social media presence.

The size of each rectangle relative to the others is the number of coding references corresponding to the subtheme. Larger rectangles thus refer to a higher coding-reference volume in the coded interview content rather than a higher number of participants, greater participant agreement, relative importance, statistical significance, causality, or a direct assessment of strategic relevance.

One of the subthemes with the highest coding-reference volume in the chart is the lack of clear specialism and issues around modules or SOPs. Branding also took a large share of the space, while technology, price, facilities, equipment,

and social media communication came up as other but less frequently coded challenges.

To summarise, the results suggest that NK Health's challenge to secure its perceived position was not a result of one organisational problem in isolation. It was a combination of strategic emphasis, internal standards, external communication, infrastructure, and market accessibility.

Note: The area size represents coded-reference volume only. Coding prominence does not necessarily reflect the number of participants who expressed the perspective, the level of agreement across stakeholders, the relative importance of the subtheme, or the objective relevance of the issue.

4.3.3.1 Insufficient obvious specialisation

The most prominent positioning difficulty in the hierarchy chart concerned the absence of clear specialisation. Interview findings consistently indicated that stakeholders identified physiotherapy as the central service of NK Health. Stakeholders did not uniformly define the clinic's major area of specialisation.

Physiotherapist MO primarily associated NK Health with musculoskeletal treatment and highlighted neck pain and back pain as well as orthopaedic disorders and related rehabilitation as the most common cases. MO commented that other clinics received easier identification with specialised areas such as sports injury physiotherapy, and NK Health did not yet possess a comparable evident differentiation.

The physiotherapist MA associated the clinic with musculoskeletal disorders and sports injuries and emphasised rehabilitation and pain treatment as significant areas of everyday practice. YR described NK Health as a more general physiotherapy provider that treated musculoskeletal and neurological as well as geriatric and sports along with wellness and pain-related issues.

The management perspective likewise remained broad. FTR claimed that NK Health provided musculoskeletal and neuromuscular as well as sports-injury therapies within an integrated physiotherapy strategy. FTR recognised that the

The clinic lacked a single clearly defined specialisation and viewed the formation of a speciality as a significant positioning issue.

The marketing representative connected the organisation externally to the excellence of physiotherapy and musculoskeletal therapies and marketed NK Health as a comprehensive healthcare clinic that offered other medical and dental services. The owner highlighted a deliberately broad variety of present services and detailed future development in pelvic health and brain stimulation as well as wellness and mental health along with technology-enabled treatment.

Patients provided a simpler outward interpretation. Patient DM defined NK Health as a physiotherapy and rehabilitation clinic, and patient Yny described the company as rehabilitation and pain management. Both patients supplied positive ratings of their treatment experiences, and neither of the two interviewed patients mentioned a salient or unique clinical feature when asked directly what the clinic performed well.

Their reports indicate that, within these two patient accounts, NK Health received approval as a physiotherapy provider without a strong link to a specific specialised position. The result does not suggest a complete absence of service identity. The interviewed stakeholders widely recognised physiotherapy as the core service of NK Health and musculoskeletal treatment as well as rehabilitation and recovery, forming essential elements of its current activities.

Ambiguity resided in the space below this broad identity, where stakeholders contested whether the clinic remained primarily musculoskeletal or rehabilitation-orientated as well as sports-orientated or neuro-musculoskeletal, along with being pain-management-based or integrated or generally able to treat many physiotherapy conditions.

This situation constitutes a partial identity consolidation. NK Health possessed a clear overall category identity, and it lacked a single dominant speciality by which its skills could receive easy differentiation in the perceived market.

The range of clinical capacity that the clinic offered functioned as both a source of organisational value and a source of positioning difficulties. A comprehensive selection of services enabled the organisation to address different illnesses and patient groups. The same breadth rendered it harder for stakeholders to provide a single summary and consistent answer to the question of what NK Health was mostly known for.

The absence of a distinct specialism therefore became one of the primary sources of strategic ambiguity. Several credible service testimonies existed.

NK Health is a musculoskeletal physiotherapy clinic;

NK Health is a rehabilitation and pain-management provider;

NK Health is a holistic physiotherapy facility.

NK Health is a patient-focused general physiotherapy provider.

NK Health is a forward-thinking healthcare organisation delivering innovative services.

Each view was backed by some portion of the organisational reality. There was no single interpretation dominant enough to organise the others into a coherent market identity, creating strategic ambiguity. This ambiguity concerns the coexistence of interpretations with consequences for service priorities, external messaging, and future direction, rather than normal role-based variation alone.

4.3.3.2 Modules, SOPs and the Ambiguous Nature of Service Standardisation

The dominance of the module or SOP subtheme does not mean that NK Health has no formal procedures. Instead, the interview findings suggested alternative perspectives about the presence, execution, monitoring, and consistency of treatment modules and SOPs.

FTR indicated that NK Health had already standardised tests, treatment approaches, service flows, and operating procedures. Physiotherapists were trained on the basis of standard modules, and patients may be transferred

throughout branches considering the essentially identical treatment methods, according to this story, according to FTR's account.

YR also claimed that branches followed the same SOPs and physiotherapists were expected to describe services in a standard way. MA also spoke of training of staff and specialised modules that informed the approach to physiotherapy.

Nevertheless, MO had a different opinion. "We are doing organisational homework on service standardisation," said MO, adding that physiotherapists had occasionally treated cases differently since they had graduated from different universities, had varied talents, and utilised different equipment. Differences across branches regarding equipment and service approaches were observed by MO who anticipated a more consistent adoption or definition of its own SOPs by NK Health.

A middle ground was represented by the owner's account since the provision of SOPs was confirmed, while the necessity for the organisation to verify the complete execution of these protocols during daily operations was emphasised. The primary concern held by the owner involved not merely the absence of written standards but rather the extent that compliance could be observed alongside being measured as well as maintained across various sites.

Ambiguity in the enactment instead of an utter absence of method is indicated by the theme because highly standardised clinic operations were perceived by some stakeholders, while variances in therapist attitude alongside equipment and practice at the branch level were noted by others.

Operational consistency concerns are represented by these differences in their own right, and they should not be interpreted solely as positioning or strategic-ambiguity issues. Service identity relevance is demonstrated by this inconsistency because the identity of a service company is expressed through branding alongside repetitive operational activities.

The organisation might be experienced differently by patients encountering diverse assessment methods alongside varied explanations and equipment or

treatment environments across different branches even when identical official SOPs are maintained. Sufficient branch-level coverage to establish the extent of these differences from the patient perspective was not provided by the two patient interviews conducted for this study.

Non-identical behaviour among therapists despite the standardisation is indicated by the results since patient differences were understood by the owner and physiotherapists who recognised the necessity for a personalised interpersonal approach. A standardised clinical basis could be complemented by personalised communication alongside individualised care.

The boundary separating professional adjustment from organisational inconsistency generated confusion, causing the module or SOP subtheme to represent an internal alignment issue. Written standards were possessed by the organisation, yet a totally consistent concept regarding their adequacy alongside applicability and monitoring was lacking by stakeholders.

This difference increased strategic ambiguity by adding confusion about whether NK Health's service identity was consistently implemented across therapists and branches. Therefore, strategic identity uncertainty coexisted with operational concerns involving SOP enactment, equipment, branch facilities, and differences in therapist practice.

4.3.3.3 Branding and External Representation of Service Identity

Branding was another major problem in the hierarchical chart. The interview results indicated a perceived difference between what was viewed as a positive service value experienced within the clinic and how the value was portrayed externally.

MO claimed that the branding of NK Health was inadequate, as the marketing of the clinic did not explicitly stress its musculoskeletal competence or another specialised area of speciality. MA similarly found that NK Health's social media presence and branding were less targeted than competitor clinics. These statements represent the physiotherapists' perceptions rather than findings from systematic competitor analysis.

The organisation's ability to offer many diverse services had not been converted into a straightforward and recognised public message. According to MA, YR also assessed the clinic as being general and without an evident particular trait but identified physiotherapy as its strongest service.

These comments suggest that frontline physiotherapists sensed a gap between what NK Health was able to give and what they believed the market was able to recognise. The clinic's clinical expertise, patient-centred approach, and therapist quality were evident to the persons who directly encountered the service but were not necessarily represented in a focused outward identity.

From a marketing standpoint, it was more positive. MK declared that NK Health communicated its physiotherapists' quality and its musculoskeletal orientation and did not have any difficulties in communicating the clinic's advantages. MK felt that the community usually knew the quality of the clinic's services. These statements reflect the marketing participant's interpretation rather than a comprehensive measurement of public awareness.

MK identified certain anomalies in branding that included the employment of both NK Health and NK Fit identities and situations in which online reviews received an assignment to NK Health when the patient had not undergone treatment at the clinic.

A significant conclusion concerns the disparity between the marketing and the physiotherapy standpoints. The marketing function regarded the messaging as relatively clear, and a number of frontline professionals considered the branding insufficiently distinctive. Strategic ambiguity appeared both in the substance communicated to the market and in internal judgements of communication effectiveness. Patient experiences provide further support for the presence of this branding gap. Both patient participants reported positive treatment experiences with trained physiotherapists as well as confidence in the service. Neither patient could identify a speciality that remained visible evident when asked about the clinic's distinctive differentiating trait. They recognised the clinic from personal rehabilitation experience rather than from a strong prior brand attachment.

The branding problem did not constitute a lack of good reputation among the two interviewed patients. Patients received referrals and obtained good care and remained ready to refer the clinic to others. The difficulty concerned the translation of these positive experiences into a stable and well-expressed organisational purpose.

Branding in this case functioned on three levels:

1. Category recognition: Recognised as a physiotherapy clinic, NK Health.
2. Value recognition: The two interviewed patients acknowledged good service, therapist competency, and patient-orientated treatment.
3. Specialisation recognition: Stakeholders were less consistent in recognising a specific clinical perspective that distinguished NK Health from competitors.

The first two layers were rather strong; within the interviewed stakeholder set, the third was less consolidated. This is why the organisation is able to provide great patient experiences, despite ambiguity in its perceived positioning.

4.3.3.4 Undoubtedly Social Media Presence and Market Communication

The absence of a social-media presence connected closely to branding yet represented a more specialised communication concern. Branding concerned the identity and value that the organisation communicated, while social media concerned the exposure, repetition, and reach of that communication.

MO reported that NK Health's digital communications concentrated extensively on general health education and failed to emphasise the clinic's unique physiotherapy services, capabilities, or advantages. MO highlighted Instagram and YouTube in particular as platforms where the organisation's physiotherapy role and specialist strengths remained insufficiently apparent.

MA observed that NK Health's social media communication proved less effective than the communication of competitors. YR stated that physiotherapy services demanded greater external promotion rather than reliance solely on general educational information. These statements represent the

physiotherapists' perceptions and were not tested through comparative digital-performance data.

These accounts indicate that the clinic's internet activity did not consistently reinforce a single recognisable service position. A limited or misdirected social media presence was perceived by the participants as affecting placement in several respects. It reduced the frequency with which prospective patients encountered NK Health's name linked to a specific physiotherapy competence and simultaneously diminished awareness of therapist expertise, patient-centred care, recovery experiences, and service outcomes, precisely the elements that existing patients valued most highly.

The subsequent social-media focus extended beyond the mere quantity of online content and required the integration of the organisation's clinical expertise with its patient value proposition into a coherent market meaning through digital communication.

The findings revealed a disparity between recognition generated by word-of-mouth and recognition achieved through structured digital channels. Patients DM and Yny selected NK Health on the basis of recommendations from family or friends and later recommended the clinic to others after their own experiences, thereby demonstrating effective interpersonal advocacy within these two patient accounts.

These same service strengths did not transfer with comparable regularity into a publicly visible digital brand, according to the interviewed internal stakeholders.

For the two interviewed patients, personal reference and direct experience constituted the routes through which they recognised and evaluated NK Health. The establishment of personal reference alongside direct experience as the principal drivers regarding market recognition for the wider patient population cannot be achieved by this evidence.

The interviewed participants indicated a failure by social media communication to attain the clarity alongside the persuasive force characterising the actual patient experience.

4.3.3.5 Technology as a Positioning and Competence Concern

A distinct, albeit comparatively minor, challenge relative to specialisation alongside SOPs and branding was constituted by technology since a less frequently emphasised determinant concerning the service quality of NK Health was perceived by participants who treated this element as a supporting capability where greater visibility had begun to be demonstrated by competitors.

Evaluation technology was considered by MO as a domain where further advancement had been achieved by competing physical-therapy services because technology was linked by this participant with modernisation alongside the legitimacy of assessment and clinical expertise. A concern arose regarding the potential utilisation of visible technology systems by rival clinics to enhance their market image despite the principal strength of NK Health residing in therapist competence, and this perspective represents an unsupported perception lacking systematic competitor analysis.

A contrasting perspective was presented by the owner, who stressed service knowledge alongside human resources as the primary assets of NK Health while maintaining an assertion that superior service would not invariably be produced by investments in robotics or new equipment. Potential future applications of artificial intelligence in evaluation alongside customer service and patient portals were simultaneously identified by the owner.

Two interpretations of technology within the findings are revealed by the comparison since a symbol of competition was first embodied by technology, where perceptions regarding clinic sophistication among patients alongside other stakeholders could be shaped by modern assessment systems and visible technology. A supporting service resource was secondarily operated by technology to potentially enhance evaluation alongside communication and

patient management as well as efficiency without replacing therapist expertise alongside professional reasoning or interpersonal care.

An ambiguous position within the identity of NK Health was held by technology because the foundation of the present perceived service strengths of the clinic was not formed by this element while still belonging to the competitive environment alongside the agenda for future innovation.

The current value proposition of the organisation remained people-driven, while more technology-enabled elements were acquired by its aspirational identity. The emergence of technology as a positioning difficulty is accounted for by this tension because a fundamental weakness of the clinic was not identified by participants, whereas a secondary perceived source of competitive pressure together with a new dimension of future organisational identity was represented instead.

4.3.3.6 Facilities and Equipment Limited

Limited facilities and limited equipment formed independent yet interrelated subthemes. These findings concern disparities in the physical capacity of branches and the degree to which infrastructure sustained the range and consistency of service provision.

FTR outlined differences among branches with regard to equipment and space and access. Certain branches possessed fuller equipment that included gym rooms, while others remained smaller or more restricted. The Bintaro site presented accessibility difficulties that arose from the absence of an elevator, and the Ohana location exhibited limited size and facilities. These variations shaped the services each branch could accommodate and influenced the manner in which patients encountered the physical environment.

MO observed heterogeneity in the instruments available to physiotherapists and connected equipment disparities with variation in clinical practice.

MA referred to constraints involving training tools and treatment-space configurations.

The domain of child services supplied a further illustration. MA explained that paediatric physiotherapy demanded specialised space and safer walls and play equipment and a therapeutic atmosphere that NK Health did not consistently supply.

The findings on facilities and equipment contained no indication that NK Health lacked the capacity to deliver effective physiotherapy, and the two interviewed patients continued to report positive experiences together with favourable self-reported recovery outcomes. Infrastructure instead affected the range of treatable conditions and access for particular patient groups and consistency across branches and the perceived credibility of specialist services and the equilibrium between existing capacity and intended service expansion.

The physical environment generated strategic ambiguity in an indirect manner. It also created operational consistency concerns in its own right. NK Health portrayed itself as a multi-site organisation that possessed broad clinical expertise, while site-level differences ensured that patients could not experience every service in an identical fashion at each location.

Facility variance further obstructed the alignment between a shared organisational identity and local operational realities. A uniform brand implied a comparatively stable service platform, while differences in space and equipment and accessibility could produce divergent patient experiences across branches.

These data establish that positioning constituted not solely a communication issue but equally a question of the material conditions required to uphold the stated promise. An identity grounded in comprehensive or specialised or innovative physiotherapy depended in part upon the visibility of the facilities and equipment that underpinned that identity.

Strategic identity uncertainty coexisted with operational differences in facilities and equipment and accessibility and branch-level service capacity.

4.3.3.7 Price and Perceived Value

Price constituted a further challenge that remained less prominent than specialisation and standardisation and branding. Participants refrained from characterising price as a generally unfavourable element, and the findings instead revealed varied interpretations of affordability and value and market fit.

Patient DM expressed concern that treatment prices should not increase too rapidly and thereby demonstrated awareness of the cumulative cost associated with repeated physiotherapy sessions. Patient Yny omitted any reference to price as a significant difficulty and offered favourable comments on the service.

MA observed that the fees charged by NK Health appeared comparatively high yet remained appropriate in relation to the quality of the therapists and the services delivered. This perspective treated price as an indicator of perceived value rather than absolute affordability. The quality of human resources together with the patient experience reduced the visibility of price as a negative factor, according to MA's interpretation.

The owner connected price with differences in local income and market conditions. The economic characteristics of the locality that hosted each branch influenced in part the feasibility of a given service offering. MK indicated that price conditions could diverge outside Greater Jakarta and particularly in locations such as Makassar.

These data indicate that price functioned at two levels. At the patient level the concerns surrounding price centred on whether the quality and outcome of therapy justified the expense and whether repeated treatment remained worthwhile. At the organisational level, price concerned the maintenance of a consistent service identity across sites that exhibited differing market conditions and operating costs and patient income profiles.

A standardised price failed to emerge as the principal source of strategic ambiguity and assumed greater significance only when the distinctive benefit of the clinic remained unclear. The empirical finding is that participants held varied views regarding affordability, service value, and local market conditions. The proposition that clearer specialisation and differentiation may make pricing easier to justify represents a managerial interpretation rather than a tested finding. The study did not include a pricing experiment, willingness-to-pay analysis, or systematic competitor-price comparison.

The price theme consequently linked commercial accessibility with the clarity of the value proposition at the level of participant interpretation.

4.3.3.8 The interaction between the Positioning Challenges

The hierarchy chart indicates that the positioning problems were located at different levels of the organization and were not one homogenous problem.

Level analytical	Subthemes	Meaning in the result
Strategic focus	Lack of a defined specialisation	Stakeholders identified physiotherapy as the main service, but differed in how they saw the key area of competence of the clinic.
Modules/SOPs	Operational implementation	Formal standards existed, however perspectives varied as to their implementation, monitoring and inter-branch uniformity.

External articulation	Branding and absence of social media presence	Strong service experiences did not always transfer into a focused and repeatedly conveyed market identity.
Service infrastructure	Technology, limited facilities and inadequate equipment	Differences in resources influenced the scope, consistency and accessibility of service and the visible credibility of specialist positions.
Market accessibility	Price	The interpretation of the price depended on the perceived value, the ability of the patient to pay for it and the conditions prevailing in the local branch.

Table 7. The interaction between the Positioning Challenges

The relationship among these levels can be understood as follows:

The absence of a defined speciality was associated with doubt about what the central identity was to be expressed. The meaning and implementation of SOPs varied, which was associated with uncertainty regarding whether that identity was experienced consistently.

Branding and social media constraints were perceived to reduce the market visibility of the organisation's capabilities. Operational support for the promised identity was influenced by changes in facility, equipment, and

technology. Price then shaped whether the resulting offer was seen by current and potential patients as accessible and worthwhile.

Strategic ambiguity consequently did not stem from one solitary decision. It evolved through the interaction of broad clinical capability, different stakeholder interpretations, uneven perceptions of standardisation, and minimal external articulation. These relationships are exploratory and interpretive rather than tested causal sequences.

4.3.3.9 Differing Interpretations of the Challenges by Different Stakeholders

The theme further showed that stakeholder groups viewed the same organisational condition from diverse perspectives. The owner assessed NK Health in the aspects of long-term development, quality of service, human resource capabilities, and future innovation. Organisational growth and ongoing improvement were associated with a broad service portfolio. The owner admitted that positioning was still in progress but did not designate technology or narrow specialisation as the primary basis of competitiveness.

The management stressed the need for operational standards, integrated services, branch facilities, and the necessity to build a clearer speciality. FTR considered that communication and SOPs were largely standardised, but that the facilities and specialisation had limitations.

The marketing person thought the clinic's outward message was more consistent than did several physiotherapists. MK linked NK Health to physiotherapy quality and musculoskeletal treatments and thought that the public largely knew these strengths. This represents MK's perception rather than a measured assessment of public awareness. The marketing account also revealed anomalies in brand usage and online representation.

Lack of uniqueness was the strongest criticism from the physiotherapists. MO, MA, and YR consistently mentioned the clinic's wide or general identity, branding limits, lack of external promotion, disparities between branches, and the need for better acknowledgement of physiotherapy skills. Their closenes

to ordinary clinical practice allowed them to see the strengths of the clinic and the difference between strength and market recognition.

The two interviewed patients focused mostly on their treatment experience. self-reported recovery comfort, comprehensive explanations, and trained therapists, but they did not find a prominent specialist identity. Their stories thus indicated that, for these two patients, the value of the clinic was clearly experienced following treatment, whereas its uniqueness was less clearly identified as an external market position.

The concept of strategic ambiguity is centred on the disparities of the stakeholders. There was no shared understanding of the organisation in the narrative. Leadership focused on future growth and service quality; management focused on integrated operations and facilities; marketing focused on therapist quality; physiotherapists focused on musculoskeletal capability and weak branding; and patients focused on rehabilitation experiences and interpersonal care.

But none of these were wrong in their entirety. There was ambiguity in their being together without one narrative organising the others. These differences constitute strategic ambiguity, where they contribute to inconsistent service priorities, branch implementation, external communication, or uncertainty concerning future service direction. Other differences may reflect legitimate role-based perspectives.

4.3.3.10 Strategic Ambiguity, Not a Service-Quality Problem

A major finding from this subject is that poor perceived service quality did not emerge as the main organisational challenge among the selected participants. Service-superiority findings indicated substantial agreement with outstanding service, patient-centred treatment, therapist competence, clear explanations, comfort, professional problem-solving, and happy recovery experiences.

The positioning issues persisted alongside, not because of, the presence of patient value. The two interviewed patients trusted the facility, returned for treatment, and referred others. Physiotherapists and management described

strong service delivery; the owner and marketing representative emphasized therapist expertise and quality of human resources.

The primary problem was turning these qualities into a clear and differentiated position. NK Health appeared to provide significant value in the treatment encounter, but that value was not always reflected in a single dominating clinical identity or communicated consistently to the larger market. It needs to distinguish between service quality and competitive positioning, which are not the same things. Service quality is about the value experienced in the treatment, whereas competitive positioning is about whether that value is seen as different compared to alternative providers.

NK Health performed well at the level of perceived value but less consistently at the level of differentiated perceived market meaning.

Strategic uncertainty was seen in four forms, namely:

- Identity ambiguity: the stakeholders did not agree on the main specialisation of the clinic.
- Operational consistency concern: stakeholders disagreed on how consistently and adequately SOPs were being applied.
- Ambiguity of communication: stakeholders disagreed about how well branding and marketing reflected the clinic's capabilities.
- Developmental ambiguity: The organisation's existing physiotherapy identity was in an uneasy coexistence with a larger future direction with new services and technologies.

Operational concerns regarding SOP enactment alongside therapist practices and facilities, as well as equipment alongside accessibility and branch-level service capacity, were included within the findings since competitive positioning or strategic ambiguity cannot entirely subsume these specific issues.

The challenge of establishing a distinct perceived competitive position by an organisation possessing favourable patient experiences is explained by these

specific uncertainties while the operational variations reported by internal participants are not eliminated by the positive accounts provided by two patients.

4.3.3.11 Implications for Competitive Positioning

The findings indicate that stakeholders comprehended the perceived competitive position of NK Health through the interplay between internal capability and external recognition.

Qualified physiotherapists along with patient-centred service approaches and professional problem-solving capacity and an extensive array of physiotherapy treatments characterised the clinic as described. The two interviewed patients reported high-quality care and favourable self-reported treatment outcomes and remained unable to identify a single external expertise with consistency.

The organisation possessed perceived value differentiation without a fully consolidated identity differentiation. Communication and empathy and therapist competence and comfort defined its service experience in positive terms. Its perceived market identity remained less sharply delineated because the clinic continued to associate itself with multiple overlapping therapeutic domains.

The findings indicate incomplete alignment among internal stakeholders. The marketing representative regarded the clinic's public messaging as clearer than numerous physiotherapists did. Management regarded SOPs as standardised, and several physiotherapists observed variations in implementation and equipment. Patients perceived the clinic predominantly through its existing delivery of rehabilitative treatments and leadership-directed attention toward future innovation.

These shortcomings relate to organisational consistency, which constitutes one of the attributes of competitive positioning identified in the conceptual framework. A competitive position gains clarity when patients recognise the

same distinguishing features and internal stakeholders describe the organization in comparable terms.

Agreement within NK Health centred more strongly on the manner of value delivery than on the clinical perspective the organisation embodied. The hierarchy chart depicts a perceived positioning situation that rests on robust service fundamentals and exhibits insufficient strategic consolidation.

The organisation retains numerous capabilities necessary for potential distinction, and the meanings attached to those capabilities diverge across stakeholder groups. These findings concern organisationally interpreted or perceived competitive positioning and do not amount to a comprehensive assessment of actual market position and market share and financial performance and competitive advantage.

4.3.3.12 General conclusion

This theme establishes as its principal finding that strategic ambiguity together with operational consistency concerns generated the positioning difficulties of NK Health. Poor perceived clinical service quality did not constitute the primary concern among the selected participants.

The lack of consolidated specialisation formed the most conspicuous origin of confusion. Stakeholders recognised physiotherapy as the central service of NK Health and expressed its principal competence through musculoskeletal care and rehabilitation and sports-injury management and pain control and neuro-musculoskeletal treatment and integrated services and prospective innovation.

The module or SOP subtheme continued to display ambiguity concerning organisational coherence. Formal standards and modules existed, and participants held divergent views on the degree to which those standards received routine execution and monitoring. These differences represented operational consistency concerns rather than positioning concerns alone.

Branding, together with social media limitations, reduced the visibility of the clinic's distinctive capabilities and technology. according to the interviewed

participants. Facilities and equipment produced disparities in service capacity and potential patient experience across sites. Price functioned as a contextual matter shaped by perceived value and local market conditions.

The findings indicate that the foremost strategic difficulty for NK Health did not lie in the creation of value for patients. The clinic delivered positively reported treatment experiences among the two interviewed patients and a robust patient-centred value proposition, within the interviewed stakeholder set.

Converting that value into a single and recognisable and consistently enacted perceived market identity constituted the difficulty. The positioning difficulty may be characterised as a discrepancy among three organisational realities that comprise what NK Health is able to deliver and what stakeholders believe it represents and what participants believe the market can readily recognise.

NK Health possessed extensive capabilities together with substantial patient value and expanding future ambitions. The simultaneous presence of multiple attributes without a single dominant organising identity generated strategic uncertainty and diminished the clarity of the clinic's perceived competitive positioning.

This conclusion constitutes an organisational diagnosis based on the opinions of the stakeholders involved. It does not establish actual competitive performance and does not establish that strategy ambiguity caused changes in market share and referrals and retention and financial outcomes.

4.3.4 Aspirational Identity and Innovation

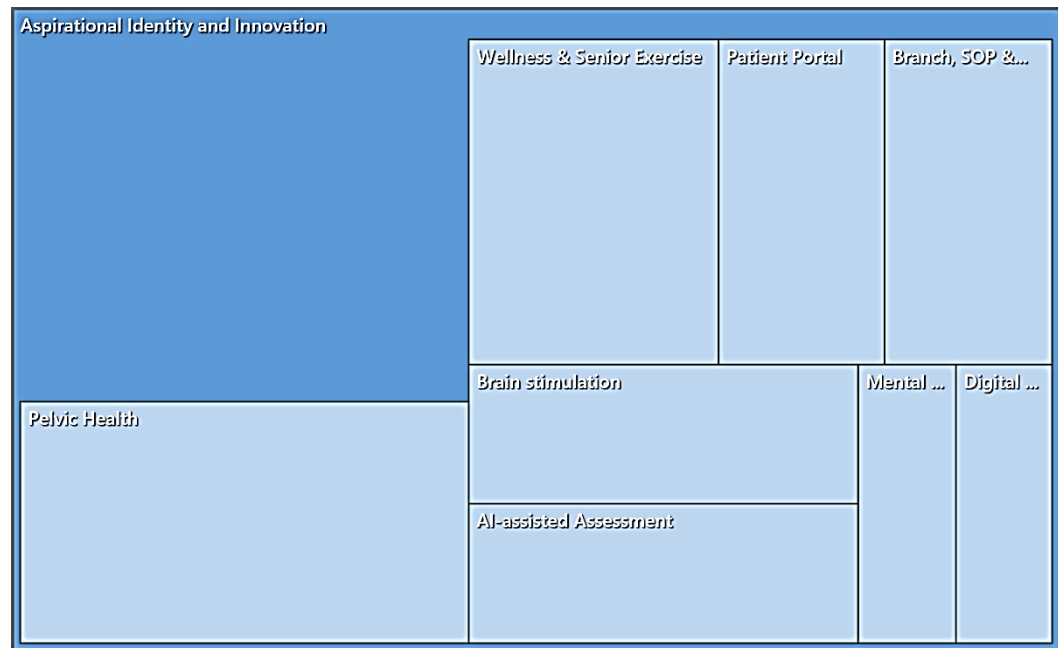


Figure 9. Hierarchy chart of Aspirational Identity and Innovation

Note: The area size represents coded-reference volume only. Researchers determine the relative volume of coding references assigned to each subtheme through the dimensions of every rectangle, and these dimensions do not function as markers of participant numbers and stakeholder consensus levels and implementation stages and strategic significance, relative importance, economic feasibility, or causal effects, while the theme itself mainly embodies leadership and internal stakeholders' projected visions for the future orientation of NK Health instead of any fully matured contemporary service brand.

NVivo analysis generated Aspirational Identity and Innovation as its fourth and concluding topic, and Figure 9 presents the hierarchical organisation of this theme, which captures the prospective significance mainly of the owner and internal stakeholders ascribed to the future development of NK Health.

Earlier themes rested chiefly on stakeholders' readings of existing services and patients' treatment journeys, and this subject concentrated mainly on services and technologies and organisational capacities still undergoing research or

development. The clinic owner and internal stakeholders expressed the concept with the greatest clarity, and the two interviewed patients continued to interpret NK Health primarily through their current encounters with rehabilitation, pain management, recovery, therapist competence, comfort, and detailed explanations.

Readers should regard aspirational identity and innovation as the organisation's anticipated future identity rather than any portrayal of its presently consolidated identity. The findings therefore represent primarily a leadership and internal organisational aspiration rather than a stakeholder-wide future identity.

The relative volume of coding references linked to the subtheme governs the dimensions of each rectangle, and a more extensive rectangle signals a greater quantity of interview material assigned to that area. Such dimensions do not automatically convey higher participant agreement or strategic weight or implementation readiness, relative importance or future economic value.

Pelvic Health stood as the most substantial labelled child node; Wellness and Senior Exercise followed, while the Patient Portal, Branch, SOP and Workforce Development, Brain Stimulation, and AI-assisted Assessment also occupied notable spaces, and Mental Health Services and Digital Customer Service appeared as minor rectangles. This pattern indicates that the owner and internal stakeholders examined multiple prospective pathways and the volume of discussion differed across those pathways.

Pelvic health formed the most evident specialist-service objective within the internal stakeholder accounts. The owner viewed pelvic health as a means to differentiate NK Health from physiotherapy practices that centre on conventional musculoskeletal care. The prominence of this area signals its entry into the organisation's strategic discussions as possible future specialisation.

Interview findings showed that pelvic-health expertise remained restricted to a limited number of physiotherapists and lacked universal availability across

all branches. A transitional character was assumed by pelvic health, where specific internal stakeholders recognised it, while the field lacked advancement into a broadly institutionalised organisational competency or a dominant public association. Part of NK Health's current service identity remained unidentified as pelvic health by the two interviewed patients.

A comparable yet less prominent future-orientated significance was carried by brain stimulation since the opportunity for the identity of NK Health to evolve from general rehabilitation into a more specialised neurological service was offered, and the inclusion of this element demonstrated internal stakeholder interest regarding the broadening of clinical domains that general physiotherapy clinics associate with less frequently. An emerging domain rather than a firmly established present service was located by the coding evidence for brain stimulation, and prospective avenues for future clinical differentiation were constituted by both pelvic health and brain stimulation as expressed primarily through leadership aspirations rather than patient recognition.

A possible transition from reactive treatment toward health maintenance and healthy ageing was indicated by wellness and senior exercise, as the two interviewed patients associated NK Health with recovery from pain and functional limitation. This function was extended by the wellness orientation through positioning physiotherapy as a means for sustaining mobility and independence as well as quality of life, while senior exercise proved especially suited to the requirements of geriatric patients, and this subtheme illustrated that the desired future identity extended past the treatment of current conditions toward longer-term functional health. This recognition appeared more strongly within internal ambitions than within present patient awareness.

The aspirational identity was broadened to encompass mental health rehabilitation by Mental Health Services, and a smaller area in the hierarchy chart was occupied by it, while its presence signalled that a more comprehensive notion of wellbeing was envisioned by some internal stakeholders.

This orientation aligned with the relational value previously noted in the perceived service-superiority theme, where empathy and reassurance, as well as comfort and trust, were appreciated by the interviewed patients. Mental-health-related services stood as a topic for future inquiry, and an established component of NK Health's current service identity was not recognised by the two interviewed patients.

Emphasis was placed upon technology-enabled innovation through AI-assisted assessment and patient portals as well as digital customer service to point toward a prospective function for artificial intelligence in future assistance with clinical evaluation. The potential enlargement of patient management and communication beyond face-to-face therapy was indicated by the patient portal and technology-supported access and interaction with the organisation, which were concerned by digital customer service.

These nodes did not demonstrate the actual implementation of the associated systems, and the intention of leadership to examine how technology might assist evaluation and service accessibility was mirrored instead.

Consideration as a substitute for physiotherapist competence was not received by technology, and the strongest value proposition of NK Health within the interviewed stakeholder set was established by the broader findings to continue resting on people-driven elements centred on professional reasoning and therapist skill as well as empathy and patient-centred treatment. An enabling resource capable of supporting service delivery while preserving human contact at the heart of the physiotherapy experience was functioned by technology, and the character of being technology-enabled rather than technology-dominated was assumed by the aspirational identity.

The requirement that innovation also rests upon organisational competence was underscored by the Branch and SOP and Workforce Development nodes, and future success was connected by participants with branch expansion and clearer SOPs as well as ongoing professional education and human resource development.

This outcome reveals that insufficient results would be proven by the mere introduction of new services and qualified physiotherapists, as well as appropriate standards and consistent implementation, which would be required by the organisation for these innovations to become credible elements of NK Health's identity while both service development and organisational development were encompassed by innovation in this manner.

Grouping into four dimensions is admitted by the subthemes to comprise specialist clinical development covering pelvic health and brain stimulation alongside preventive wellbeing covering wellness and senior exercise as well as mental health-related services and technology-enabled care covering AI-assisted assessment and digital customer service alongside organisational capability development covering branch and workforce development.

This arrangement indicates that a comprehensive transformation of NK Health rather than the introduction of any single isolated service was foreseen by the owner and internal stakeholders. These future directions were expressed most clearly by the owner, while selected concerns relating to professional development and branch readiness were shared by frontline participants, and little or no recognition of these future-orientated services was provided by the two interviewed patients.

The findings further reveal that full integration had not yet been achieved by the aspirational identity, and multiple future objectives, including speciality clinical services and branch growth as well as neuro-musculoskeletal competence and digital technology, were identified by several stakeholders, while these perspectives did not necessarily contradict one another, and all the others were not organised with clarity by any single future pathway. Both an opportunity for differentiation and a probable continuation of strategic uncertainty were represented by aspirational identity and innovation. Distinctiveness might be strengthened by specialist services and technology, and the organisation's identity could be rendered more complex by the simultaneous existence of numerous future orientations in the absence of linkage through a clear strategic purpose. This represents an interpretation of

The internal aspirations and the market demand or financial feasibility, as well as the clinical readiness of these prospective services, are not proven by it.

An existing divergence between the present identity of NK Health and its planned future identity is pointed to by the overarching theme, and the current identity remains most firmly rooted in physiotherapy and musculoskeletal care as well as pain management and therapist expertise.

Specialist services and preventive wellness, as well as digitally enabled care and enhanced organisational competence, are incorporated upon this foundation by the aspirational identity, and NK Health is consequently portrayed by the hierarchy chart as an organisation in transition possessing a perceived current identity as a human-centred physiotherapy service while a broader and more innovative future position is simultaneously investigated.

Summary of Results:

Future oriented direction	Evidence from the interviews	Interpretation
Development of specialist services	Brain Stimulation and Pelvic Health	Potential sources of future distinction, but not yet prominent elements of the existing identity. These directions arose mainly from leadership and internal stakeholder accounts.
Further development of service	mental health and specialist exercise programmes	Health and wellness: moving beyond treatment and rehabilitation to broader health and wellbeing. These services received little or no recognition from the two interviewed patients.

Technology enabled care	AI backed assessment, customer service and patient portals	Technology is an associate to service delivery, not a replacement for therapist skill. These ideas represent prospective internal aspirations rather than implemented service capabilities.
Development of organisational capabilities	Branch expansion, SOP clarity, professional training, quality monitoring, and human resources development	Innovation relies on the organisation being ready and continuously implemented
Future targeting positioning	Neuro-musculoskeletal emphasis, rehabilitation skills, wellness and targeted innovation	Stakeholders described a spectrum of potential future directions rather than a single, fully unified future identity. The future directions were articulated most clearly by leadership and internal participants.

Table 8. Summary of result

4.4 Integrated Thematic Concept Map of NK Health Physiotherapy

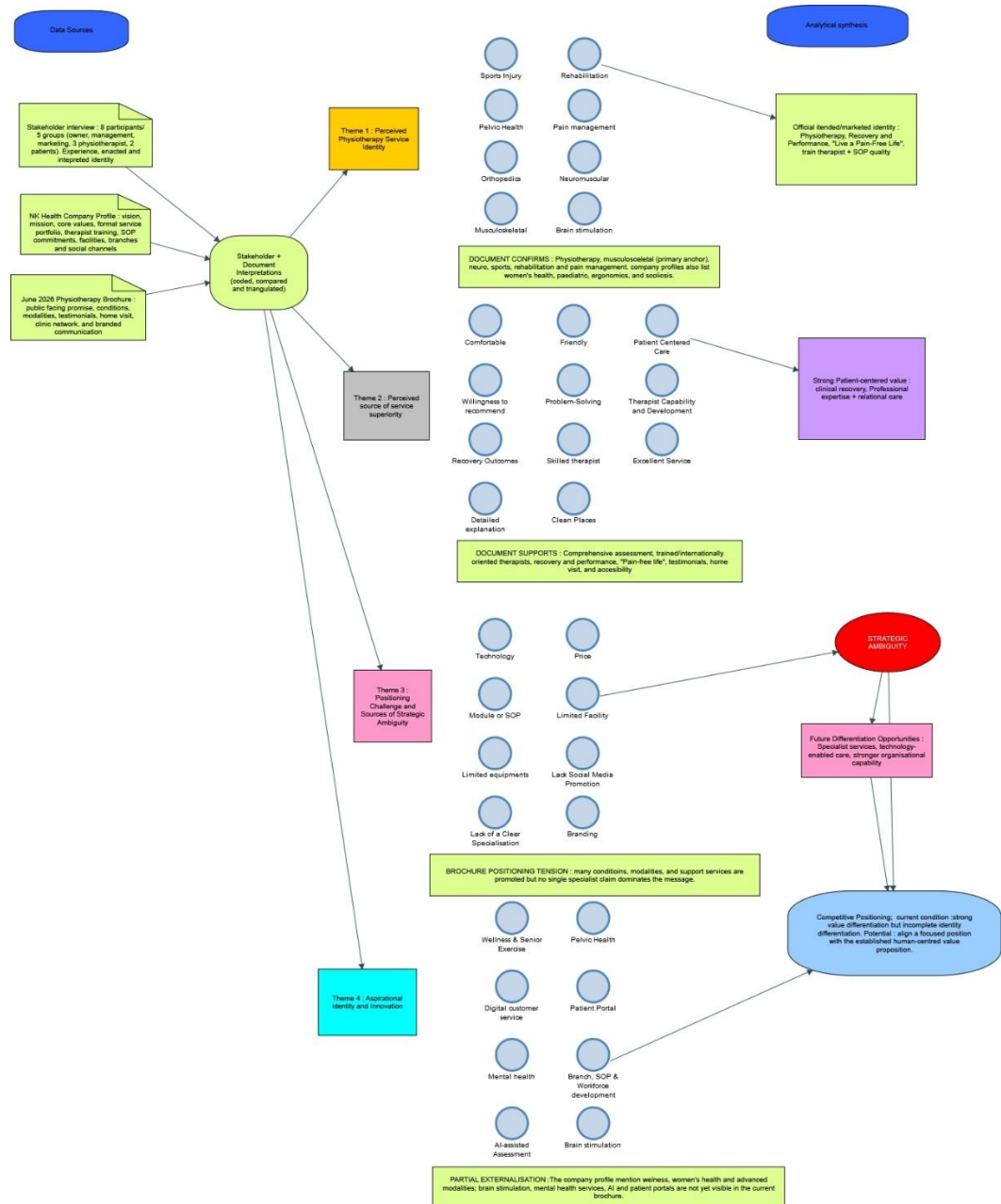


Figure 10. Integrated NVivo-Style Concept and Document-Triangulation Map of the Identity, Value Proposition, Strategic Ambiguity and Perceived Competitive Positioning of NK Health's Physiotherapy Service

Figure 10 illustrates the integrated NVivo-style concept map developed from the triangulation of stakeholder interviews, the NK Health company profile, and the June 2026 physiotherapy brochure. The initial figure depicts the analytical flow from the sources of evidence to four broad themes and then to

the study's conclusions about NK Health's value proposition, strategic ambiguity, and perceived competitive positioning. The arrows show inferred links between themes rather than statistically tested causal effects.

The final triangulation offered in this section was confined to the NK Health company profile and the physiotherapy brochure in June 2026 as documentation evidence. These materials were used to compare the formally disclosed service identity with the interpretations articulated during the stakeholder interviews.

The first theme shows that NK Health has a distinctive but wide physiotherapy service identity. Musculoskeletal care occupies the position of the principal current pillar. Meanwhile, sports injury, rehabilitation, neuromuscular care, pain treatment, orthopaedics, pelvic health, and brain stimulation provide its foundation.

Documentary evidence indicates that physiotherapy, musculoskeletal care, neurological rehabilitation, sports treatment, recuperation, and pain management constitute major elements of NK Health's formal and advertised identity, and the breadth of the portfolio further suggests that no single specialist claim comprehensively organises the clinic's overall understanding. However, neither coding-reference volume nor documentary inclusion serves to objectively validate that musculoskeletal care is NK Health's formally selected primary speciality.

The second theme reveals a higher degree of apparent convergence within the interviewed stakeholder accounts concerning the origins of service value, excellent service, patient concern, self-reported recovery outcomes, professional problem resolution, friendliness, comprehensive explanation, comfort, therapist skill, cleanliness, and willingness to recommend.

Together these form a robust patient-centred value proposition within the interviewed stakeholder set. These results indicate the combination of perceived clinical value, professional expertise, and relational care. The complete treatment experience generates perceived service superiority.

The corporate profile and brochure reinforce this perspective through their focus on holistic evaluation, therapist training, recovery performance, a pain-free life, and testimonials about home visits and service accessibility. These documentary claims support the formally communicated value proposition but do not independently verify clinical effectiveness or superiority over competing providers.

The third theme examines the reasons that these positively perceived service experiences have not produced a fully differentiated market brand and the absence of one unified specialisation. Varying interpretations of SOP enactment, branding complexity, limited focused promotion, disparities in technology, equipment, facility constraints, and pricing considerations were associated with strategic ambiguity.

The brochure itself reflects this positioning tension by presenting multiple conditions such as modalities, locations, and support services without assigning clear priority to any single service claim. Strategic ambiguity, therefore, arises not from a lack of organisational value but from the simultaneous existence of several credible identity narratives, none of which adequately organises the others.

The fourth and concluding theme concerns aspirational identity and innovation. Future directions encompass pelvic health, brain stimulation, AI-assisted assessment, digital customer service, patient portals, mental health-related services, wellness, senior exercise, and continued development of branches, SOPs, and workforce.

These domains represent potential sources of future differentiation even though they remain unequally established across branches and are not fully visible within the current brochure, and the aspirational identity functions as a strategic trajectory still in progress rather than a fixed element of the organisation's present market brand.

The owner and internal stakeholders most clearly expressed these future directions. The two patients examined concentrated on their current

rehabilitation and treatment experiences and displayed little or no recognition of these future-orientated offerings.

The map additionally reveals a broad distinction between value differentiation and identity differentiation. NK Health achieves perceived differentiation in patient experience as stakeholders value self-reported recovery, therapist expertise, communication, comfort, and patient-centred care.

Identity differentiation remains incomplete because stakeholders and the two analysed organisational documents do not consistently convey one dominant specialisation, and NK Health therefore rests on solid perceived service foundations and a persuasive human-centred value proposition while lacking strategic concentration on the primary identity that internal stakeholders believe the clinic should hold within the physiotherapy market.

This interpretation is concerned with stakeholder perceptions and organisational documents. This is not a full, thorough review of NK Health's actual market position, competitive advantage, market share or financial performance.

Major Finding	Interview Evidence	Documentary Evidence	Convergence of disagreement	Resulting Interpretation
Broad Physiotherapy service identity	Participants associated NK Health with musculoskeletal care, sports injury, rehabilitation, neuromuscular care, pain management, orthopaedics, pelvic health, and brain stimulation.	The company profile and June 2026 brochure present physiotherapy, musculoskeletal care, neurological rehabilitation, sports treatment, recovery, and	Convergence occurred regarding the breadth of physiotherapy services. Neither the interviews nor documents consistently identified one	NK Health has a visible service identity, yet it is broad and partially consolidated.

		pain management.	dominant specialty.	
Patient-centered value proposition	Participants emphasised therapist skill, communication, empathy, comfort, explanations, issue solutions, and self-reported recovery.	The corporate biography and brochure highlight holistic assessment, therapist training, recovery, pain free living, home visits and service access.	The interview and documentary evidence converged on professional and patient-oriented service value.	The most frequently cited value proposition in the evidence reviewed is patient-centred physiotherapy.
Strategic identity uncertainty	identity uncertaintyInternal stakeholders were divided on the clinic's main speciality, branding clarity and external communication.	The brochure conveys many conditions, modalities, locations and support services, with no one speciality dominating.	The breadth of the brochure matched the broad identity expressed in the interviews, but did not reconcile the discrepancies on specialisation.	Competing service narratives Without clear narrative hierarchy.
Operational consistency concerns	Participants described diverse interpretations of SOP enactment, branch facilities, equipment, and	The corporate biography and brochure talk about the organization and its	The materials did not fully confirm or explain the operational	Strategic identity uncertainty occurs alongside operational consistency difficulties which

	therapist practices.	services but provide limited information on the continuous adoption of SOPs and operational circumstances at the branch level.	variances highlighted in the interviews.	must be addressed separately.
Aspirational identity and innovation	The owner and internal stakeholders discussed pelvic health, brain stimulation, wellbeing, mental health, technology, branch expansion, SOPs and staff development.	These future directions were not quite obvious in the corporate profile or the June 2026 brochure.	The internal aspirations moved beyond the service identity expressed in the studied papers. The two interviewed patients offered little or no recognition of these potential services.	communicated in the documents analysed. The two patients interviewed were largely or entirely unaware of these prospective offerings. Aspirational identity is mostly a leadership and internal organisational orientation rather than a stakeholder-wide identity.
Perceived competitive positioning	Participants reported excessive service value but variable specialisation and external	The documents describe overall capabilities and patient advantages but	Evidence indicated high perceived service value, but was not	NK Health provides a potential base for future distinction but its perceived competitive positioning is only

	acknowledgement.	do not provide competition comparisons or objective proof of market performance.	sufficiently conclusive to show objective market supremacy.	partially consolidated.
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Table 9. Document-to-Finding Triangulation Matrix

CHAPTER 5

CONCLUSIONS, RECOMMENDATION, AND LIMITATION

5.1 Conclusions

The purpose of this study was to investigate the role of stakeholder interpretation in physiotherapy service identity, value proposition, and competitive positioning at NK Health Clinic. Based on interviews with managers, physiotherapists, patients, and the clinic owner, together with the organizational documents analysed, there are numerous conclusions to be made.

Conclusion 1 Response to RQ1 : NK Health maintains a recognizable, but partially unified, service identity

The data suggest that stakeholders continuously perceive physiotherapy as the backbone of NK Health services. However, there is no definitive consensus on the main specialisation of the clinic. Different stakeholders identify NK Health with different service identities, such as musculoskeletal care, rehabilitation, pain management, sports injury treatment, neuro-musculoskeletal services, integrated physiotherapy services, and patient-centred care.

The data indicate that NK Health is not short of service identity. Instead, the organisation has a partially consolidated identity in which multiple service narratives coexist at the same time. This generates a strategic ambiguity about what the clinic should be primarily renowned for in the marketplace.

Furthermore, the owner's perspective indicates this uncertainty is not an accident. The business intentionally keeps a broad clinical competency while always researching new areas of service such as pelvic health, brain stimulation, wellness, mental health, and future technology-enabled services. This leaves NK Health with a dilemma of combining breadth of services with clarity of positioning.

Therefore, NK Health was consistently identified as a physiotherapy provider in response to RQ1 by internal stakeholders but varied in their understanding of its major speciality identification.

Conclusion 2 Response to RQ2: NK Health's value proposition is its strength in patient-centered care

The interview and documentary findings indicated broad convergence within the interviewed stakeholder set on how value is given to patients. Various stakeholders consistently identified communication alongside empathy and trust as well as comfort and clear explanations combined with professional problem-solving and individualised attention as the most prominent service attributes.

Positive treatment experiences and self-reported improvement as well as satisfaction and trust alongside a willingness to recommend the clinic to others were reported by both interviewed patients. These results indicate that value beyond perceived clinical treatment outcomes is being contributed by NK Health because the therapeutic procedure transcends mere physical healing to encompass patient desires for reassurance and confidence as well as understanding and emotional support.

The strongest and most consistent element of the value offer at NK Health within the interviewed stakeholder set is suggested to be patient-centred care due to the consistency of these findings across management and physiotherapists as well as the two interviewed patients and the owner.

For RQ2 the stakeholder accounts revealed a value proposition of patient-centred physiotherapy enabled through therapist competence and professional problem-solving as well as straightforward communication and empathy alongside comfort and trust. This specific value was directly experienced during the therapeutic contacts by both of the interviewed patients.

Conclusion 3 Response to RQ3: The superiority of service of NK health is based on human-centered service, in addition to technology

The data suggest that stakeholders perceive NK Health as outstanding because of a combination of technical expertise and interpersonal service quality. Repeatedly, the clinic's biggest perceived service strengths were highlighted as skilled physiotherapists, professional problem-solving, recovery outcomes, clear explanations, friendliness, trust-building, and patient-centred treatment.

This was confirmed by the owner, who underlined that physiotherapy is essentially a service industry where human resources matter more than just equipment or technology. Technology can help therapeutic delivery, but across stakeholders, the strengths of NK Health are invariably linked to therapist competency, service quality, and patient relationships.

Consequently, the study finds that NK Health's perceived basis for future market distinction is more people-driven than technology-driven. The greatest reported strength of the clinic is the capacity to combine professional expertise with interpersonal care of high quality.

Therefore, to answer RQ3, the patient-centred value proposition and the stakeholder interpretations contribute to an organisational understanding of NK Health's perceived competitive positioning. The study, however, could not create an objective competitive advantage or rigorously compare the clinical outcomes, market share or performance of NK Health with competitors.

Conclusion 4 Response to RQ4: NK Health's Positioning Challenge arises from Strategic Ambiguity, Not Service Quality Deficiencies

The results consistently show that poor perceived service quality did not emerge as the main organisational problem among the selected participants. Both interviewed patients reported positive experiences, physiotherapists express confidence in service delivery, and management places strong emphasis on service standards, and the owner concentrates on quality monitoring and continuous development.

Stakeholders identified branding, communication, speciality focus, and facility differences. technology adoption and market messaging as principal obstacles. It is concluded by the research that strategic uncertainty coexisting alongside operational consistency concerns originates the challenge surrounding the market posture of NK Health.

Substantial clinical capabilities and favourable reported patient experiences, as well as a persuasive value proposition, are possessed by the clinic, while these strengths lack translation into a sufficiently focused and differentiated commercial identity, causing external stakeholders to encounter difficulty in discerning the distinctive attributes that set NK Health apart from competing providers within the physiotherapy market.

Participants raised operational concerns regarding SOP enactment and therapist practices as well as buildings and equipment, alongside accessibility and branch-level service capacity, causing the findings to reject the concept of a perfect separation between strategic ambiguity and operational difficulties.

Managerial actions stemming from this organisational diagnosis in response to RQ4 involve defining a shared core service identity and clarifying the priority patient problem or speciality alongside strengthening branch-level service standards as well as improving SOP monitoring and communicating the value proposition consistently through role-appropriate internal and external language.

Overall Conclusion

The communication and distribution of value rather than its production are established by this study as the central challenge confronting NK Health because a robust patient-centric value proposition supported by skilled physiotherapists alongside positive patient experiences as well as a sustained commitment to service quality and innovation is already possessed by the organisation, while the strategic ambiguity surrounding the service identity of the clinic is generated by multiple stakeholder interpretations combined with broad clinical objectives and ongoing service development.

Reasonable managerial actions, including a clearer identity alongside internal alignment as well as operational consistency and communication, are produced by the organisational diagnostic, yet the influence on real competitive performance and referrals as well as retention and market share or financial success requires testing through more external market evidence.

The definition and alignment, as well as the continuous communication of the value already residing within the firm rather than the addition of further value, might determine the future competitive advantage of NK Health, and the competitive standing of the organisation within the progressively competitive physiotherapy sector could be strengthened through the successful integration of extensive clinical capability alongside service innovation and positioning clarity.

5.2 Recommendation

This study generates several recommendations for NK Health Clinic:

First, NK Health ought to formulate a clearer and more concentrated positioning approach for physiotherapy while retaining its extensive clinical capacity, and the data indicate that musculoskeletal rehabilitation and pain treatment and neuromusculoskeletal care currently constitute the strongest domains of stakeholder recognition, and the owner underscored the requirement for continued development of novel services such as pelvic health and brain stimulation and wellness and mental health-related services.

These domains should be viewed as potential possibilities for continued strategic consideration, rather than as a final decision on a speciality. Management should assess patient demand, personnel depth, branch readiness, competition presence, referral possibilities, regulatory needs and financial viability before picking a primary speciality. NK Health should therefore construct a positioning strategy that advances its existing capabilities while preserving capacity for future service innovation and expansion.

To further define this assessment and make it applicable to NK Health, management should develop an NK Health Speciality Selection Scorecard.

Candidate domains (e.g., musculoskeletal rehabilitation, pain treatment, neuro-musculoskeletal care, sports injury) should be compared against patient demand, therapist competence, staff depth, branch readiness, required equipment and facilities, competitor presence, referral potential, regulatory requirements, expected financial contribution and alignment with NK Health's patient-centred value proposition.

Relevant therapists alongside facilities as well as equipment and patient access must characterise the branches where a six-month evaluation of the two highest-scoring domains is conducted. Patient volume alongside referral sources as well as treatment completion and patient-indicated functional development, along with patient experience and operational viability plus financial contribution, must be assessed by the pilot programme. Organisational and market data rather than stakeholder recognition will allow management to choose a dominating speciality following the trial period.

A written strategy decision stating the core speciality or patient problem desired by NK Health alongside the remaining supportive physiotherapy services and the specific branches prepared and authorised to perform each service must constitute the final output. The finding that market attractiveness, along with profitability as well as demand growth and competitive intensity, plus cross-branch readiness, cannot be established solely by stakeholder acknowledgement prompts this procedure.

A service identity remaining aligned across all stakeholder groups must be constructed and articulated by NK Health because divergent terms continue to be used by numerous stakeholders to describe the clinical speciality, while universal recognition as the fundamental organisational service is received by physiotherapy.

Identical descriptions from every stakeholder group are not required for alignment. A stable core service promise alongside a priority patient problem or speciality and consistent branch-level service standards must be defined by NK Health. This core identity may be expressed in role-appropriate language

by the owner as well as management alongside marketing personnel and physiotherapists, plus patients.

Branding alongside marketing communication as well as staff alignment and future business growth can be strategically guided by a clearly defined service identity.

A Service Identity Playbook including the agreed core service promise alongside the speciality choice as well as the patient-centred value proposition and minimum branch-level service standards plus approved role-specific descriptions and claims requiring sufficient evidence must be developed by NK Health to implement this recommendation. Strategic terminology may be used by the owner and management, while clinical and recovery-orientated terminology may be utilised by physiotherapists, and patient-friendly terminology might be adopted by marketing personnel, while the identity could be characterised through service experiences by patients.

The function played by each stakeholder might be altered by the terminology, while the essence must remain identical. Alignment is allowed by this approach without necessitating the description of NK Health in the same language by all stakeholder groups.

The possibility of converting existing patient-centred qualities into a hallmark service model tentatively called the NK Health Patient-Centred Recovery Pathway must be explored by the organisation.

Five basic service moments comprising organised evaluation alongside patient-understandable explanation as well as an individual rehabilitation plan and a scheduled progress review plus a discharge and maintenance plan must be contained within the pathway.

The patient status alongside functional limitations and recovery priorities must be identified by the systematic examination, while the problem as well as the therapy reason and expected process plus patient duties must be explained in understandable terms. Treatment goals alongside planned treatment frequency, as well as home exercises and improvement signs, must be included in the A

rehabilitation plan, while prevention advice and functional maintenance recommendations plus progress reviews at planned intervals must be provided by the discharge plan.

The broad patient-centred value proposition of NK Health would be turned into a repeatable and observable as well as measurable service experience through this method.

Internal alignment must be strengthened by the organisation through continuous monitoring of SOP implementation alongside quality assurance and branch-wide service consistency, while SOP compliance and professionalism were emphasised by the owner, and service standards should be elevated by ongoing operational monitoring and management, ensuring thorough understanding and consistent application of the clinic principles and service identity by physiotherapists at every location.

Appropriate clinical personalisation must be distinguished by monitoring from unintended variation in SOP implementation as well as equipment availability alongside facilities and therapist practices.

A core and branch capability model must be established by NK Health because branch facilities, alongside equipment and accessibility, as well as therapist qualifications, lack comparability. Services are categorised by this paradigm into three levels comprising regular core services provided by all branches alongside advanced services requiring specialised therapists or equipment or facilities plus evaluated pilot services.

A branch capability matrix listing available therapist competencies alongside equipment and treatment space as well as patient accessibility and SOP readiness, plus service capacity and internal referral mechanisms for each branch, must be developed by management and checked every six months. The patient must be internally referred to another capable NK Health branch when a specific location cannot provide the required service.

Operational discrepancies observed in the findings would be addressed by this solution, while the promotion of a uniform specialist-service promise lacking consistent execution at every location is prevented.

The external brand and communication strategy must be reinforced by NK Health because findings show clinic assets, including communication alongside empathy and trust, as well as professional expertise and patient-centred treatment, becoming evident to interviewed patients while failing to receive effective communication from the wider market.

The clinical expertise alongside the service philosophy and distinctive patient-centred approach must be conveyed by extending marketing efforts beyond conventional health education. The effectiveness of this communication to the outside environment must be evaluated through variables comprising patient sources as well as referrals and digital engagement alongside market awareness.

A consistent structure depending on the patient problem must be maintained by the external communication of NK Health. The patient problem alongside the assessment approach and the Patient-Centred Recovery Pathway plus expected functional progress must be included. The treatment of persistent back pain or limited movement, as well as sports injuries or neurological movement conditions, rather than mere general health education provision, should be indicated by the communication.

The therapeutic journey alongside therapist reasoning as well as patient participation and the progress-review process, plus pertinent branch competencies, must be conveyed by the marketing text, while unsupported clinical superiority claims over competitors cannot be made.

Communication efficacy must be assessed by tracking new patient referral sources alongside speciality enquiries as well as appointment conversions and treatment completions, plus repeat visits and recommendation probabilities, along with patient awareness proportions regarding the planned NK Health

specialty. The emergence of the intended identity into focus rather than mere social-media success metrics would be revealed by these measurements.

Patient experiences must be regarded as a strategic asset by NK Health, while consistently emerging positive elements, including self-reported recovery outcomes alongside trust and comfort, as well as clear explanations and therapist professionalism, can be integrated into testimonials and success stories, plus digital materials and branding activities to strengthen perceived market positioning and foster long-term patient loyalty.

The experiences of the two interviewed patients must remain unrepresentative pending the gathering of more patient feedback. Patient confidentiality alongside healthcare communication standard requirements must be protected and met by using documented consent for any public testimonial or patient success story. Guaranteed clinical success must not be construed from properly stated treatment results.

A continuous patient-feedback and service-evidence system must be built by NK Health prior to employing patient testimonials as a significant positioning instrument. First-time and repeat patients, as well as finished treatment and discontinued or unsatisfied patients, plus provider transfers from other branches, must be tracked by the system. Reliance on the two positively selected patient accounts included in this study would be minimised by a larger collection.

Feedback must be obtained at the initial evaluation alongside the scheduled progress review as well as at discharge or upon appropriate treatment discontinuance. Patient experience alongside treatment plan understanding as well as communication quality and comfort, plus self-reported functional progress and discontinuance reasons, along with recommendation willingness, must be integrated into the system.

Operational discrepancies alongside training requirements, as well as successful recovery pathways and convincing patient stories, must be found

by evaluating the evidence across branches and therapists plus patient conditions and service types.

Recorded consent alongside confidentiality protection, as well as careful treatment-result phrasing and applicable healthcare communication standards, must form the basis of any publicly presented testimonial or patient success story. Individual patient experiences must be explained by public tales without suggesting identical clinical outcomes for all patients.

The patient-focused service culture must be safeguarded while investment in innovation is sustained by NK Health, as potential opportunities in new service development alongside technology adoption, including artificial intelligence for assessment and customer service, plus patient management systems, were identified by the owner.

Efficiency alongside service quality can be enhanced by technological innovation, while the human-centred approach is indicated by the study as the primary perceived clinic service strength. Communication alongside empathy and trust as well as the professional relationships already constituting the NK Health value proposition must be complemented by any future innovation initiatives.

Patient demand alongside clinical readiness as well as professional competence and branch facilities, plus economics and regulatory requirements, along with implementation risks, must be assessed separately for AI-assisted assessment and pelvic health as well as brain stimulation and mental health plus wellness and senior exercise before making investment decisions.

Development choices rather than verified market opportunities or investment objectives must categorise these future directions mostly voiced by the owner and internal stakeholders. A stage-gate process for each suggested breakthrough is required by NK Health.

Alignment between the proposal and the selected NK Health core identity is tested by the first phase, while patient demand alongside referral potential is

validated by the second stage. Clinical competency alongside treatment Processes as well as patient safety and regulatory requirements must be examined by the third stage, while branch facilities alongside equipment and workflow plus technological preparedness are reviewed by the fourth stage. Required investments alongside operating expenses, as well as pricing and estimated utilisation, plus break-even criteria must be considered by the fifth stage.

A controlled pilot at one appropriate branch must receive only proposals clearing these assessments. The scaling or adjustment as well as deferment or termination of the programme based on clinical and patient experience alongside operational and financial evidence must be determined by management following the pilot.

The concurrent development of AI-assisted evaluation alongside pelvic health as well as brain stimulation and mental health services, plus wellness and senior fitness, without adequate proof, would be hindered by this process. The chosen physiotherapy brand alongside the patient-centred value proposition of NK Health must be reinforced rather than subjected to further strategic ambiguity by future innovation.

A stepwise fashion must phase the adoption of these ideas, beginning with the completion of the Speciality Selection Scorecard alongside branch capability evaluation and common core service promise establishment in the first ninety days. The Patient-Centred Recovery Pathway alongside the Service Identity Playbook must be built by the company during months four to six while the two most promising speciality options alongside continuous monitoring of patient experience and outcomes must be piloted by NK Health between months seven and twelve. The main speciality, alongside targeted market communication and future development determinations via the stage-gate process, can be defined and initiated by management after twelve months.

Better branding is not constituted as the main recommendation for NK Health. The desired clinical meaning must be identified while existing patient-centric strengths are translated into a repeatable recovery pathway and service

Promises are matched with actual branch capabilities, allowing the resulting identity to be communicated with quantitative evidence by the organisation.

5.3 Limitations

Certain limitations warrant consideration when interpreting the findings of this study.

First, this research adopted a single-case study design that concentrates exclusively on NK Health Clinic, and the case yields detailed insights into the identity and value proposition and perceived competitive positioning of physiotherapy services, and the conclusions remain context-specific and may not transfer readily to other physiotherapy organisations or healthcare service providers, and the investigation sought analytical understanding rather than statistical generalisation.

Readers must interpret the findings as an organisational diagnosis of a single multi-branch physiotherapy organisation because these results fail to constitute conclusions applying generally to all physiotherapy clinics or healthcare service organisations.

Second, this study involved a relatively limited number of participants drawn from management alongside physiotherapists as well as patients and the clinic owner, while the researchers regarded these selected individuals as essential stakeholders possessing direct knowledge of the organisation, and a larger sample might have generated additional viewpoints along with a wider spectrum of interpretations concerning service identity and positioning. Only one participant represented management and marketing, causing a particularly limited representation of each group. These accounts provided relevant role-based perspectives, while they fail to represent all possible management or marketing viewpoints within NK Health.

Third, only two patients contributed patient perspectives, while both participants provided valuable insights into patient experiences and perceived value, and future research would benefit from recruiting a larger and more

diverse patient population spanning different branches alongside treatment categories as well as demographic groups and durations of service utilisation.

Both interviewed patients were long-term and repeat as well as returning and active or recently active users of NK Health physiotherapy services. This selection provided information-rich accounts based on extensive service experience while it may also have favoured positive evaluations and reduced the likelihood of strongly negative or discontinued-user experiences entering the study.

The patient sample excluded first-time patients alongside dissatisfied patients, as well as individuals who discontinued treatment or moved to another physiotherapy provider. Limited patient representation across different NK Health branches also occurred. The findings fail to represent the full range of patient experiences or establish the sharing of positively reported experiences by the wider NK Health patient population.

Fourth, the study focused primarily on stakeholder interpretations and perceptions of internal and external stakeholder viewpoints rather than objective indicators of market performance, including market share and referral data, as well as patient retention figures and financial results or competitor benchmarking. The competitive positioning and the findings constitute an organisational diagnosis of perceived positioning rather than a comprehensive market assessment.

The study remains unable to conclude if clearer service identity or communication would result in more patient acquisition alongside referrals as well as retention and revenue or profitability and market share. Readers must view positioning recommendations as managerial answers to the organisational diagnostic rather than as proven ways for boosting competitive performance.

Fifth, the research centred on stakeholder perceptions within NK Health while it excluded direct interviews with competitors alongside referring physicians as well as healthcare partners or other industry specialists and these additional

viewpoints could supply further understanding regarding the standing of NK Health relative to competing physiotherapy providers in the wider healthcare market.

The survey cannot reveal the genuine external perception of NK Health or the comparison of its services with other providers due to the absence of external participants. The claims of market differentiation alongside competition visibility and referral potential remain mere perceptions.

Sixth, the documentary triangulation presented in Chapter 4 relied mostly on the NK Health company profile and the June 2026 physiotherapy brochure. These records facilitated the comparison of the formally communicated identity with the interview findings, while they gave minimal evidence regarding SOP application alongside branch-level operational consistency as well as patient acquisition and service outcomes plus actual market recognition.

Seventh, the investigation revealed variations in facilities alongside equipment as well as accessibility and SOP enactment plus therapy practices among branches. The researchers did not perform a full operational audit of each branch. The magnitude alongside the frequency and implications of branch-level variation could not be measured systematically.

The study took place during a period in which NK Health continues to expand its service portfolio and to explore new service innovations that encompass growing areas such as pelvic health and wellness and mental health support and brain stimulation and technology-enabled healthcare services, and stakeholders' interpretations of service identity and positioning may therefore continue to evolve as the organisation develops.

Future research should include first-time, repeat, discontinued, unsatisfied and provider-switching patients from a number of NK Health branches. More managers and marketing people should be there, and competitors, referring physicians, healthcare partners and other key external stakeholders.

Future studies should integrate qualitative stakeholder accounts with patient acquisition sources, referral patterns, treatment completion, patient retention, standardised patient-experience measures, appropriate clinical outcome measures, pricing information, competitor mapping, and relevant financial indicators. These sorts of evidence will enable future researchers to investigate whether improvements in service identity and communication are connected to quantifiable organisational and market results.

There has also been a recommendation for longitudinal research. Data will be collected at baseline, midway during the implementation of a selected speciality, Patient-Centred Recovery Pathway, new communication strategy or innovation pilot and at the end of the implementation to capture variations in stakeholder interpretations and perceived positioning over time.

The study nevertheless delivers significant contributions to comprehension of the relationships among stakeholder interpretations, service identity, value proposition and competitive positioning. This single case offers, more particularly, empirical evidence of how one multi-branch physiotherapy organisation finds convergence in perceived patient-centred service value and divergence in speciality identity and perceived positioning. It is not intended to determine general cause-effect linkages among physiotherapy organisations.

More specifically, this single case adds empirical evidence on how one multi-branch physiotherapy organisation experiences convergence in perceived patient-centred service value alongside divergence in speciality identity and perceived positioning. It does not establish general causal relationships between service identity, value proposition, and competitive performance across physiotherapy organisations.

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STATEMENT LETTER

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Hereby declares as follows:

1. The manuscript has not been published and is not currently being submitted to any other journal.
2. The research paper is plagiarism free.
3. The title of the thesis is distinct from the journal publication title.

The thesis entitled “Strategic Ambiguity in Physiotherapy Service Identity: Implications for Value Proposition and Competitive Positioning of NK Health Clinics” is an original academic work and has been written in accordance with the ethics of academic writing.

If in the future it becomes apparent that the submitted paper contains plagiarism, duplicate publishing or other academic misconduct, I am willing to accept punishment in accordance with the applicable standards.

Sincerely



(Henny Taurina Isnawati)