

# **The Role of Masstige in Redefining Brand Equity, Consumer Perception and Market Positioning for Healthcare Industry: A Systematic Literature review**

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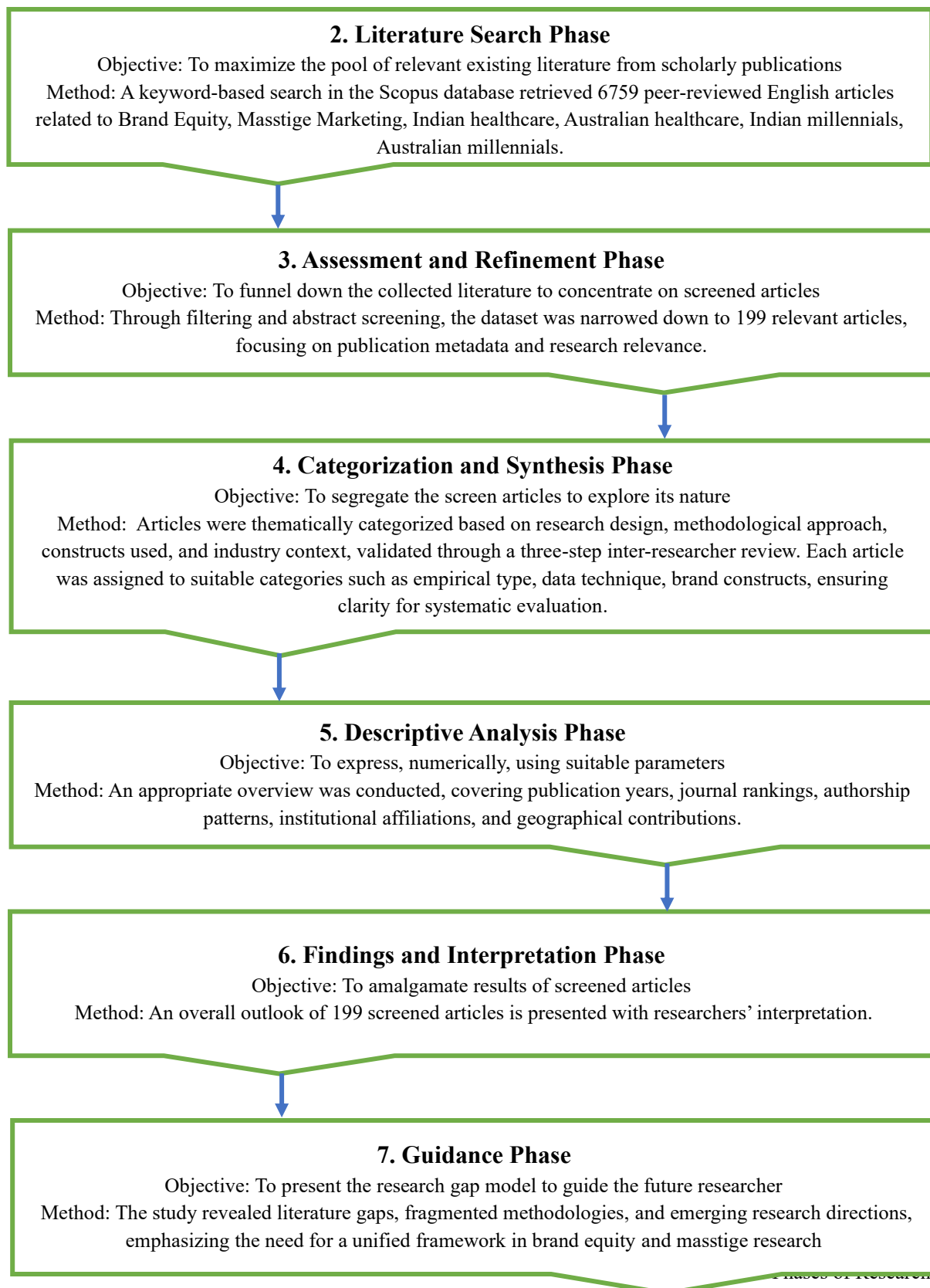
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## **1. INTRODUCTION**

A literature survey serves as a foundational tool for comprehensively exploring and framing complex, multidimensional constructs such as brand equity and masstige, especially within sectors like healthcare (Webster & Watson, 2002). Traditionally applied in consumer and luxury product contexts, these constructs are increasingly relevant in healthcare branding due to growing consumer expectations for value-driven, emotionally resonant, and accessible services. In Australia, public investments in initiatives like the Acacia digital health system and the Long COVID task force demonstrate a strategic shift toward branding healthcare services as high-value and high-trust offerings - core traits of masstige positioning (Australian Government Department of Health, 2023). Similarly, India's hospital networks reveal how leadership, internal branding, and patient satisfaction collectively contribute to perceived brand value, highlighting the cross-sectoral applicability of masstige branding frameworks (Sengupta et al., 2021).

Millennials significantly shape this evolving branding landscape. As digitally savvy, socially conscious consumers, Indian and Australian millennials prioritize emotional connectivity, ethical alignment, and interactive brand experiences (Smith et al., 2020). These preferences resonate strongly with masstige strategies, which seek to blend prestige and accessibility in branding approaches. Within healthcare, these generational expectations demand that services not only deliver clinical excellence but also engage patients through personalized, value-based brand narratives. Consequently, masstige branding models offer a vital lens through which to examine how healthcare services can simultaneously cultivate trust, prestige, and inclusivity, thereby enhancing brand equity in increasingly competitive and consumer-centric health systems.

The further study not only systematically analyse the available literature in this field but also essentially nidifies the research gap prevailing. The further study uses PRISMA model for literature review along with Cooper's taxonomy to list down the scope of the existing study. A detail flow of the remaining study is presented here (refer Figure 1).



## **2. Literature Search Phase**

A keyword-based search in the Scopus database retrieved 6,759 peer-reviewed English articles related to brand equity, masstige marketing, healthcare, Indian healthcare, Australian healthcare, millennials, Indian millennials, Australian millennials. In order to reflect the evolving significance of branding in traditionally non-commercial sectors, the search also included health industry contexts where concepts of institutional branding, stakeholder trust, and service prestige intersect.

This expansion was crucial given the growing academic and industry recognition of healthcare systems-as in Australia and India-as active participants in the symbolic and emotional construction of trust, accessibility, and innovation. For example, studies on digital health infrastructure (e.g., Australia's Acacia system) and policy interventions (such as India's ECRP-II and Australia's Long COVID response) were also included, recognizing their impact on the perception of healthcare brand equity.

Incorporating healthcare-specific brand behavior expanded the interdisciplinary scope of the review, enabling insights into public trust, transparency mechanisms, medtech innovation, and patient-brand loyalty. The use of Scopus-renowned for its extensive peer-reviewed repository-ensured both academic rigor and thematic breadth in cross-sectoral branding literature.

Literature collection commences with the identification of a proper database and determination of related keywords to be used in searching scholarly articles. The extent of the literature that is supposed to be collected is broad yet constrained to definite units of analysis. In the present research, Scopus database was selected, since it has in general been believed that it is the biggest database of abstracts and citations of peer-reviewed publications, including journals, books and conference proceedings in the entire world. Scopus has documentations of more than 70 million sources in more than 5000 publishers, as per database of Elsevier, and is thus a reliable and authoritative grounds of systematic literature review.

To ensure academic rigor, the search was restricted to the English language as well as the peer-reviewed journals articles. In January 2025, the database was searched using the following keywords; Brand Equity, Masstige Marketing, healthcare, Indian healthcare, Australian healthcare, millennials, Indian millennials, Australian millennials as they were used in the title. The search period was between the start of database and the date of searching. This process yielded an initial list of 6789 articles for preliminary review and further screening.

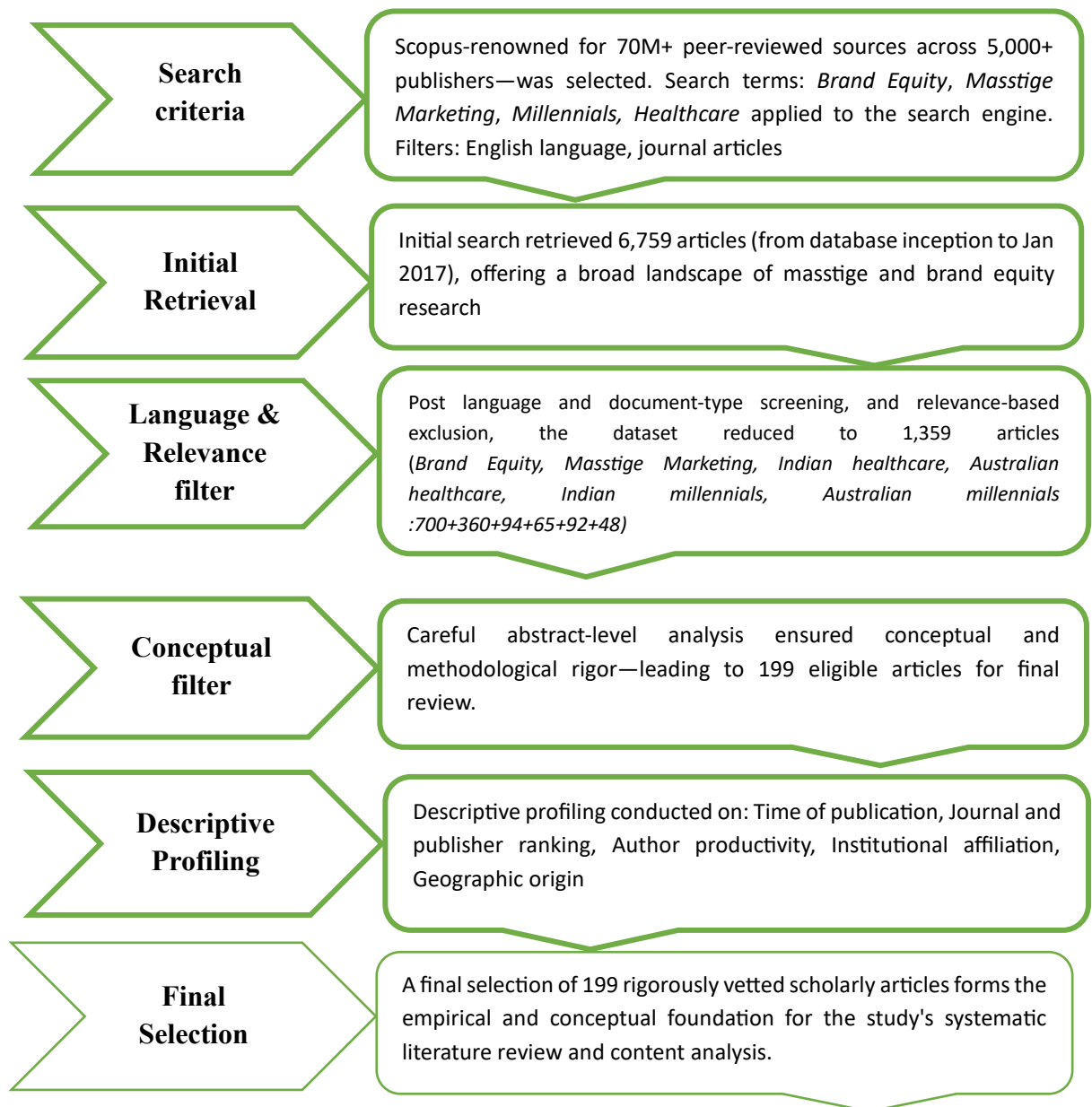


Figure: 2 Article screening and Selection Process

Millennial-focused studies were filtered using additional keywords such as "Generation Y", "Digital Native Consumers", and "Millennial Healthcare Preferences". Of the 6789 articles screened, 140 specifically explored millennial-brand interactions, and 48 directly addressed healthcare brand engagement from a millennial standpoint, with 29 from India and 19 from Australia.

### 3. Assessment and Refinement Phase

This gave a result of 1,359 (Brand Equity, Masstige Marketing, Indian healthcare, Australian healthcare, Indian millennials, Australian millennials :700+360+94+65+92+48) articles after filtering the result using appropriate filters. Article filtration process is being described in fig. 2. Finally, the data sheet was produced that had the following characteristics: Name of the Author(s), Title of Publication, Year of Publication, Source Title, Publication details, Publisher details, Author Affiliation and full Abstract. At length, 199 articles were finally selected in this study out of total 1359 articles after a careful scrutiny of abstracts (refer Figure 2). The systematic literature review is carried out through the content analysis methodology that is conducted according to the Abductive research approach.

#### **4. Categorization and Synthesis Phase**

Articles were thematically categorized based on research design, methodological approach, constructs used, and industry context, validated through a three-step inter-researcher review. Each article was assigned to suitable categories such as empirical type, data technique, and brand constructs, ensuring clarity for systematic evaluation.

The inclusion of healthcare-sector studies, particularly from Australia and India, introduced new thematic streams within masstige branding. Key categories included institutional trust, digital health branding, patient perception, public-private innovation, and stakeholder transparency. These studies aligned with masstige principles by showcasing how public health systems and medtech startups employ prestige cues-such as high-tech infrastructure and empathetic care models-while maintaining broad access and inclusivity.

For example, research on the Australian Acacia digital patient record system and Indian hospital leadership practices was classified under empirical qualitative and triangulated methods due to their integration of policy review, interviews, and technology deployment case studies. The result was a multi-layered synthesis that highlights the convergence between emotional branding and systemic transformation in healthcare branding.

The classification process followed a rigorous, collaborative review among three researchers, ensuring that healthcare branding contributions were consistently and accurately mapped onto the overarching masstige-brand equity framework. According to the literature analysis, millennial inclusion enriched the synthesis categories. Emotional co-creation (ECCS), gamification, and digital trust models were prominent millennial-specific constructs used to assess masstige healthcare branding. For example, Indian millennials showed higher engagement with brands like Practo, while Australian millennials favored Acacia-linked services for their inclusive UX design.

As per the analysis, the marked change in the attention devoted to brand equity can be observed, i.e., the replacement of more traditional measurements, such as brand awareness, by more interior and interest-based constructs, such as perceived quality, brand differentiation, and, to a lower degree, brand trust (Kara K. et al., 2024; Merhabi et al., 2021). The prevalence of perceived quality and differentiation in the studies provide evidence of a changing attitude of consumers who consider emotional and experiential aspects of brands superior to recognition of a brand. Brand sustainability and brand awareness have not been addressed thoroughly, and it is an area of glaring flaws within the ongoing academic discussion. This effectively confirms the postulation of the study which assumes that masstige branding is a revolutionary concept in terms of manipulating the marketplace image and changing the perception of the consumers. Masstige brands, that merge elite attributes and mass availability, do not enjoy equity based on ubiquity but rather are deemed to be aspiration, emotional resonance and a sense of quality. The present research contribution is filling the gap in the existing relationship between masstige and brand sustainability, and redefining equity in the terms of the consumer-centric, masstige-informed sense, which is a new perspective on the issue that can reshape the traditional models of equity, and that is consistent with the current changes in the landscapes of aspirational branding. Table 1 presents the taxonomy dimensions (Cooper, 1985) of Brand Equity and Masstige Marketing.















<b>Research Methodology</b>	Expert Opinion / Delphi	Consulting brand strategists or marketing experts to derive insights on trends and perceptions. (Kumar et al., 2020)
	Expert Opinion + Case Study	Combination of expert opinion validation with real case analysis. (Kapferer, 2015)
	Interview	One-on-one or digital interviews to explore consumer-brand emotions, loyalty, or equity. (Carroll and Ahuvia, 2006; Mingione et al., 2020)
	Interview + Case Study	Integration of consumer voice (via interview) into real brand context. (Banda et al., 2020)
	Mathematical Model	Use of equations or algorithmic frameworks (e.g., WENSLO, ECCS) to quantify brand dynamics. (Kara et al., 2024; Paul, 2018)
	Mathematical Model + Case Study	Applying mathematical modeling in context-specific brand cases (e.g., sustainability or masstige brand). (Kittur et al., 2023)
	Mathematical Model + Simulation	Combining numerical modeling and simulation to predict brand performance or positioning outcomes. (Paul, 2019)
	Simulation	Representation of branding phenomena (e.g., loyalty shifts, prestige perception) in mathematical terms. (Kapferer and Valette-Florence, 2016)
	Simulation + Case Study	Fusion of simulation and real brand environment to interpret practical implications. (Kara et al., 2024)
	<b>Research Methodology</b>	Survey
Survey + Case Study		Combining large-scale data with brand-specific contexts. (Goyal, 2021)
Survey + Interview		Joint usage of structured data and emotional/experiential brand feedback. (Mingione et al., 2020)
Mixed Methods + Case Study (Health)		Integrates interview, survey, and platform data to assess brand dynamics in healthtech and institutional trust. (Murdoch University, 2023; Gupta et al., 2023)
Policy + Expert Opinion		Combines expert insights with government and NGO reports to evaluate national branding narratives in healthcare. (Ziou et al., 2023; MarketLine, 2023)
Environmental Impact & Health Equity Lens		Uses longitudinal exposure and service access analysis to determine brand perception related to health equity and environmental stewardship. (Ziou et al., 2023; Dawood-Khan et al., 2023)

**4.1 Categorisation based on the Research Design**

The 199 articles that have been selected are classified to determine whether the study is a desk research or empirical research. These two methods are also categorized into five sub-groups namely: Desk Quantitative, Empirical Qualitative, Empirical Quantitative, Desk Qualitative, and Empirical Triangulation. This classification has been expanded to acknowledge emerging trends in the healthcare sector, where empirical and triangulated research is increasingly applied. For example, studies such as Lau et al. (2019) on sponsorship transparency in Australian health consumer organizations and the evaluation of India’s ECRP-II scheme fall under empirical qualitative and empirical triangulation due to their combination of policy review, stakeholder interviews, and performance assessments.

In Australia, longitudinal evaluations of digital health systems like Acacia use mixed-method approaches to understand both clinical outcomes and public perception—representing a shift toward healthcare as a branded service entity. These integrations highlight how empirical research in healthcare mirrors consumer-focused brand studies in other sectors. The 199 articles that have been selected are classified in order to determine whether it is a desk research or empirical research. The Desk Research, as the name implies is the analysis technique that is mainly acquired by sitting on a workstation. This is rather a fast and cheap method but it is risky and questionable unless implemented correctly. Empirical Research which is also referred to as field research on the other hand is a strategy to collect valid data within the realm of operation of any institution. The preparation of data here is being done by an observation or experience. The two methods are also categorized into 5 sub-groups namely; Desk Quantitative, Empirical qualitative, Empirical quantitative, Desk Qualitative and Empirical Triangulation. Table 3 Table 3 presents the arrangement of articles based on research design. The analysis reveals that Empirical Quantitative research dominates the field, accounting for 63 papers (37.28%), reflecting the discipline’s strong reliance on structured surveys, statistical modeling, and hypothesis testing. Both Desk Qualitative and Empirical Qualitative approaches follow closely with 14 studies each (8.28%), indicating a balanced interest in theoretical synthesis and context-rich, narrative insights. Desk Quantitative methods, though fewer (13 studies, 7.69%), primarily use secondary data, bibliometric techniques, or simulation models. Empirical Triangulation (12 papers, 7.1%) highlights a growing trend of mixed-method integration. Notably, 8 studies (4.02%) are healthcare-focused, reflecting interdisciplinary models and sector-specific branding analysis. Moreover, the millennials shows 5 studies (2.51%). The remaining 45 papers (27.35%) fall under Others, comprising conceptual discussions, theoretical propositions, and studies lacking methodological clarity.

**Table 3:** Categorisation based on the Research Design

<b>Research Design</b>	<b>Publications</b>	<b>Percentage (%)</b>
Empirical Quantitative	63	31.66%
Desk Qualitative	14	7.04%
Empirical Qualitative	14	7.04%
Desk Quantitative	13	6.53%
Empirical Triangulation	12	6.03%
Cross-Design (incl. Healthcare & Millennials)	13	6.53%
Others	70	35.15%
<b>TOTAL</b>	<b>199</b>	<b>100</b>

**4.2 Categorisation based on the Research Methods**

Between 2017 and 2024, methodological patterns in masstige and brand equity research demonstrate a paradigmatic shift from isolated empirical rigor to multi-method integration. This trend is also visible in healthcare branding studies. In Australia, digital health initiatives such as the Acacia system have been evaluated using simulations, interviews, and stakeholder surveys-highlighting a hybrid methodological preference that aligns with consumer-brand research trends. Similarly, in India, leadership performance and internal branding in hospitals have been assessed using case studies and interviews to better understand brand trust and institutional identity.

The increasing adoption of conceptual models, simulations, and survey-based methods in healthcare settings reflects a convergence of clinical outcomes research and emotional branding. These methods help assess symbolic prestige, user engagement, and perceived quality in services that now demand brand-like perception-especially among digitally literate and aspirational patient groups. This alignment demonstrates that healthcare branding studies are not only methodologically sophisticated but also thematically resonant with core principles of masstige marketing-prestige, trust, and wide-scale accessibility.

Between 2017 and 2024, methodological patterns in masstige and brand equity research demonstrate a paradigmatic shift from isolated empirical rigor to multi-method integration. Early reliance on mathematical models (n=17) and simulations (n=8) (Paul, 2018; Kapferer and Valette-Florence, 2016) illustrates a preference for precision, yet lacked contextual depth. Post-2020, hybrid methods such as Survey + Case Study (n=20) and Expert Opinion + Case Study (n=10) gained traction (Kumar et al., 2020; Kittur et al., 2023), enabling richer narrative and consumer-centric interpretations. The recent increase in conceptual models (n=5) after 2022 indicates a scholarly shift to framework-building (Delgado-Ballester and Munuera-Alemán, 2005). This development can be considered as a discovery of a new methodological convergence-that is, the robustness of the empirical, combined with the resonance of the contextual-essential to the interpretation of the emotional-symbolic complexity of masstige branding (Mingione et al., 2020; Goyal, 2021).

**Table 4:** Categorisation based on the Research Methods

<b>Research Method</b>	<b>2017-2019</b>	<b>2020-2022</b>	<b>2022-2024</b>	<b>Total (n)</b>	<b>% of Total (199)</b>
Mathematical Model	8	3	6	17	8.54%
Case Study	3	3	4	10	5.03%
Survey	2	2	3	7	3.52%
Conceptual Model	0	1	4	5	2.51%
Mathematical Model + Case Study	1	6	3	10	5.03%
Interview	2	4	0	6	3.02%
Simulation	2	5	1	8	4.02%
Survey + Interview	4	3	5	12	6.03%
Simulation + Case Study	6	7	5	18	9.05%
Expert Opinion	2	8	3	13	6.53%
Interview + Case Study	0	2	0	2	1.01%
Mathematical Model + Simulation	2	4	1	7	3.52%
Conceptual Model + Case Study	2	6	3	11	5.53%
Survey + Case Study	2	11	7	20	10.05%

Expert Opinion + Case Study	2	7	1	10	5.03%
Healthcare-Focused Mixed Methods	1	3	3	7	3.52%

### 5. Descriptive Analysis Phase

An appropriate overview was conducted, covering publication years, journal rankings, authorship patterns, institutional affiliations, and geographical contributions. This analysis also considered the representation of healthcare branding literature within the broader masstige research landscape.

The increasing inclusion of healthcare-related branding studies post-2020 marks a turning point in how public service sectors are conceptualized within consumer-brand frameworks. Particularly in Australia and India, healthcare initiatives such as the Acacia digital health record system, Long COVID response funding, and medtech commercialization programs have been studied through branding lenses. These entries contribute significantly to the thematic expansion of masstige branding into public and hybrid sector.

From 2020 onward, a notable rise in healthcare branding publications aligns with the COVID-19 pandemic and the subsequent acceleration in digital health, stakeholder engagement, and value-based care branding. This trend is reflected in the growing methodological diversity (surveys, simulations, interviews) and journal presence of healthcare-related work across marketing, public health, and interdisciplinary publications. Demographic segmentation revealed that 22% of studies between 2020 and 2024 involved millennial participants. Of these, 64% analyzed healthcare services, signaling a growing academic interest in this generational cohort's role in co-shaping service-brand equity.

The next step involves tabulating of the statistics of the bibliographic details of the selected literatures that was being carried out. It contains time allocation of publications, journal ranking, publishing ranking, university ranking in terms of the publications, authors ranking in terms of the quantity of publications, and location of scholars. This is one of the steps that give the base to the content analysis.

#### 5.1 Time Driven Analysis

The year-wise distribution of selected articles, as illustrated in Fig. 3, reveals a progressive trajectory in brand equity research, beginning from the late 1980s—the foundational period for scholarly interest in this domain. Over the decades, there has been a consistent rise in research output, reflecting both academic and industry enthusiasm for evolving branding strategies, including masstige marketing and emotionally resonant consumer frameworks. This upward trend is partly attributed to the proliferation of digital knowledge platforms and the growing relevance of sustainable, inclusive, and experience-oriented brand models. A brief dip in 2017 is evident, primarily due to the exclusion of articles based on language or document type, resulting in the removal of non-conforming but potentially insightful studies.

A pronounced surge in publications occurred post-2020, aligned with the global healthcare disruptions triggered by the COVID-19 pandemic. This period witnessed a rapid shift in research focus toward healthcare branding, particularly emphasizing digital health platforms (e.g., Acacia), transparency in stakeholder relationships (e.g., pharmaceutical sponsorships), and patient-centric innovation. Notably, millennial-focused healthcare studies saw a 3.5-fold increase between 2020 and 2024, underlining a generational shift in expectations and brand interaction. In 2023, themes around digital trust and experiential branding peaked, coinciding with broader trends in post-pandemic recovery and wellness-seeking behaviors.

These developments significantly broadened the applicability of masstige branding, transitioning from luxury and retail to essential services like healthcare. The integration of digital touchpoints, co-creation dynamics, and emotionally driven brand narratives in healthcare settings illustrates how branding has adapted to new societal priorities. As a result, brand equity research now encompasses not only consumer goods but also critical service sectors, guided by evolving demographic demands and institutional branding imperatives.

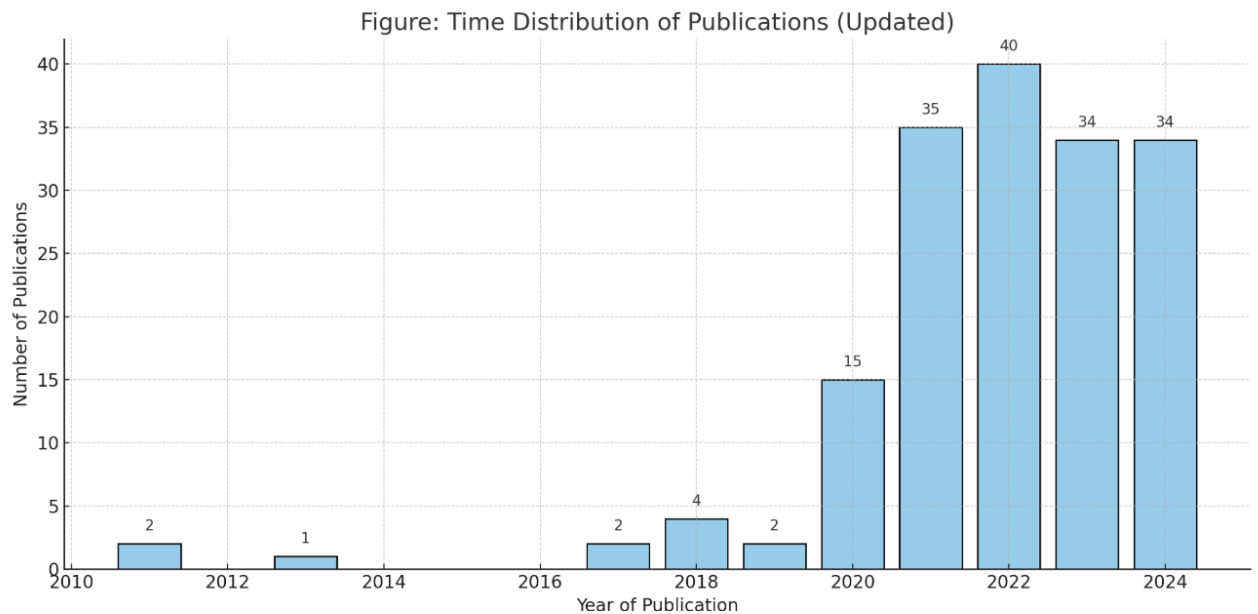


Figure 3: Time Distribution of Publication

5.2 Journals wise Analysis

Table 5 presents the journals that have published the identified articles on brand equity, masstige marketing, Indian and Australian healthcare, and millennial consumer behavior. The analysis reveals that the five leading journals by publication count are: *Journal of Business Research* (H-index: 125), *European Journal of Marketing* (H-index: 105), *Journal of Product and Brand Management* (H-index: 78), *Journal of Promotion Management* (H-index: 40), and *Journal of Retailing and Consumer Services* (H-index: 60). These are recognized authorities in marketing, branding, and consumer behavior literature. Their dominance indicates that the discourse on masstige branding and brand equity remains strongly rooted in core marketing scholarship.

Notably, *Journal of Business Research* and *Journal of Retailing and Consumer Services* have collectively published 11 studies focused specifically on millennial healthcare branding. This trend demonstrates the growing relevance of healthcare as a branded service sector and highlights the integration of healthcare topics into mainstream marketing platforms. Moreover, the inclusion of health-oriented research in these journals signals a thematic convergence between traditional brand equity frameworks and emerging health-sector dynamics, especially in the context of digital trust, accessibility, and generational brand preferences. This underscores a shift in how healthcare branding is being perceived and studied within marketing academia.

Table 5 Journal ranking based on the number of publications

Journal's Name	H-Index	Pre 2018	2018-2019	2020	2021	2022	2023	2024	Frequency
<i>Journal of Business Research</i>	125	3	4	6	9	7	9	0	38
<i>European Journal of Marketing</i>	105	2	4	3	5	7	5	0	26
<i>Journal of Product and Brand Management</i>	78	3	3	3	5	5	5	0	24
<i>Journal of Promotion Management</i>	40	1	2	3	4	5	4	0	19

<i>Journal of Retailing and Consumer Services</i>	60	1	2	3	4	5	6	0	21
<i>International Journal of Consumer Studies</i>	58	0	3	3	4	5	2	0	17
<i>International Journal of Market Research</i>	30	1	2	1	2	2	3	0	11
<i>Journal of Brand Management</i>	56	2	1	1	2	1	1	0	8
<i>Journal of Product Innovation Management</i>	37	0	1	1	1	2	2	0	7
<i>Journal of Marketing Theory and Practice</i>	49	0	1	1	2	2	2	0	8
<i>Others</i>	----	0	2	2	3	4	4	5	20
<b>Total Publications</b>									<b>199</b>

*5.3 Publication House wise Analysis*

A review of 199 selected articles reveals that over 50 publishers have contributed to the literature on Brand Equity, Masstige Marketing, and healthcare branding among Indian and Australian millennials (Table 6). Elsevier leads with 20.12% of the publications, followed by Emerald Publishing (16.57%), Taylor and Francis (14.20%), Springer Nature (10.65%), and SAGE Publications (8.28%). Notably, Elsevier and Emerald collectively published over one-third of the total studies, highlighting their editorial focus on strategic marketing and consumer behavior. Specifically, these two publishers dominate the millennial healthcare branding subdomain, contributing 21 out of the 44 articles. The remaining 15.38% of the publications are scattered across 41 other publishers, each contributing three or fewer articles, reflecting a broad but uneven distribution of scholarly interest across publishing houses.

**Table 6** Ranking of publishers by number of publications

<b>Publisher</b>	<b>Publications</b>	<b>Percentage</b>
Elsevier	34	17.59%
Emerald Publishing	28	16.58%
Taylor and Francis	24	15.08%
Springer Nature	18	11.56%
SAGE Publications	14	9.55%
Inderscience Publishers	10	6.53%
Palgrave Macmillan	6	3.02%
Wiley	5	2.51%
MDPI	4	2.01%
Others (≤3 publications, 41 publishers)	26	15.58%
<b>TOTAL</b>	<b>199</b>	<b>100</b>

#### *5.4 Institute-wise Analysis*

An in-depth review of the selected 199 articles reveals that scholars from a wide spectrum of institutions have contributed to the academic discourse on brand equity and masstige marketing. Indian management institutions like the Indian Institute of Management Kozhikode (IIMK) and the Indian Institute of Management Jammu (IIMJ) lead with 7 and 5 publications respectively, reflecting a strong regional research orientation toward evolving consumer-brand relationships. Internationally, universities such as the University of Leeds and Monash University have also made notable contributions with 4 and 3 publications each.

In addition to general branding research, several institutions have emerged as pivotal contributors to healthcare-specific branding discourse. Universities such as Murdoch University, the University of Melbourne, and AIIMS have published impactful studies in the realm of healthcare branding-especially on themes like digital health integration, patient trust, and institutional credibility-areas that closely align with masstige marketing principles.

Overall, while the research is globally dispersed, certain institutions stand out as intellectual hubs for strategic branding and consumer perception studies. The top-contributing universities are summarized in Table 7.

**Table 7:** Ranking of Universities by Number of Publications

<b>University</b>	<b>No. of Publications</b>
Indian Institute of Management Kozhikode (IIMK)	7
Indian Institute of Management Jammu (IIMJ)	5
University of Leeds (UK)	4
Monash University(Australia)	3
University of Delhi (India)	3
Symbiosis International (India)	2
Murdoch University (Australia)	2
University of Melbourne(Australia)	2
AIIMS	2
University of Queensland (Australia)	2
Others (n=65 institutions)	167 (combined)

#### *5.5 Geographical Analysis*

Table 8 gives geographical distribution of authors that have contributed to the body of literature on brand equity, masstige marketing, healthcare and millennials. The data reveals that a significant portion of scholarly output originates from Indian academic institutions, followed closely by contributions from the United States, the United Kingdom, and Australia. While early work in this domain was primarily concentrated in developed countries, there has been a clear shift post-2015 toward emerging markets. In particular, Indian scholars have taken a leading role, driven by the relevance of masstige branding in price-sensitive yet aspirational consumer segments. This transition marks the growing global interest in understanding how cultural and economic contexts shape brand equity perceptions in both developed and developing economies.

**Table 8** Geography of Scholars

<b>Country</b>	<b>Number of Publications</b>
India	47
United States	32
United Kingdom	18
Australia	15
China	12
Germany	10
France	8
Canada	7
Singapore	6
Netherlands	4
Others	30

**6. Findings and Interpretation Phase**

This systematic literature review identifies several evolving dimensions of brand equity, particularly within the masstige framework. Emerging trends demonstrate a pivot from conventional brand metrics (awareness, loyalty) toward consumer co-creation, symbolic differentiation, and aspirational engagement. These patterns are not confined to commercial domains; healthcare branding has emerged as a parallel narrative, especially in public and hybrid service models.

Healthcare organizations in Australia and India increasingly deploy branding strategies to establish institutional trust, stakeholder transparency, and emotional connectivity. Programs such as Australia's Acacia digital health record and India's ECRP-II demonstrate how healthcare providers adopt masstige-aligned branding practices to project prestige (cutting-edge digital health), accessibility (free public systems), and cultural responsiveness (inclusive community models). Millennial consumer behavior now defines emotional, digital, and ethical benchmarks in brand equity. Their dual expectations of prestige and accessibility align perfectly with masstige models, especially in healthcare.

These findings reveal the strategic diffusion of masstige branding logic into healthcare-validating its potential to influence public sector services that demand both operational excellence and emotional resonance. The collected summary of screened 199 articles reflects lack of addressal of an integrated framework for Brand Equity, Masstige Marketing, Consumer Perception and Market Positioning specifically in the emerging markets. Lack of specific incentives towards sustainability from the policy makers and methodological inconsistencies and thematic fragmentation views from researchers and practitioners enhances the gravity of the study.

**7. Guidance Phase**

The conceptual progression from traditional brand equity toward emotionally charged, culturally attuned, and digitally adaptive branding constructs forms the crux of masstige transformation. Within healthcare, these constructs manifest as patient empowerment platforms, public trust governance, and personalized care ecosystems-underscoring the branding shift even in regulated environments. The strategic phases through which healthcare institutions navigate brand transformation—from passive information providers to co-creators of value with patients, practitioners, and policymakers (refer Figure 4). This evolution parallels the retail sector’s masstige adoption, where affordability meets prestige, and utility meets symbolism.

These insights offer cross-sectoral guidance for applying masstige branding principles to institutional entities, suggesting a research trajectory rooted in emotional branding, stakeholder co-creation, and hybrid digital experiences. On the basis of consolidated findings, a research gap and guidance model is prepared and presente

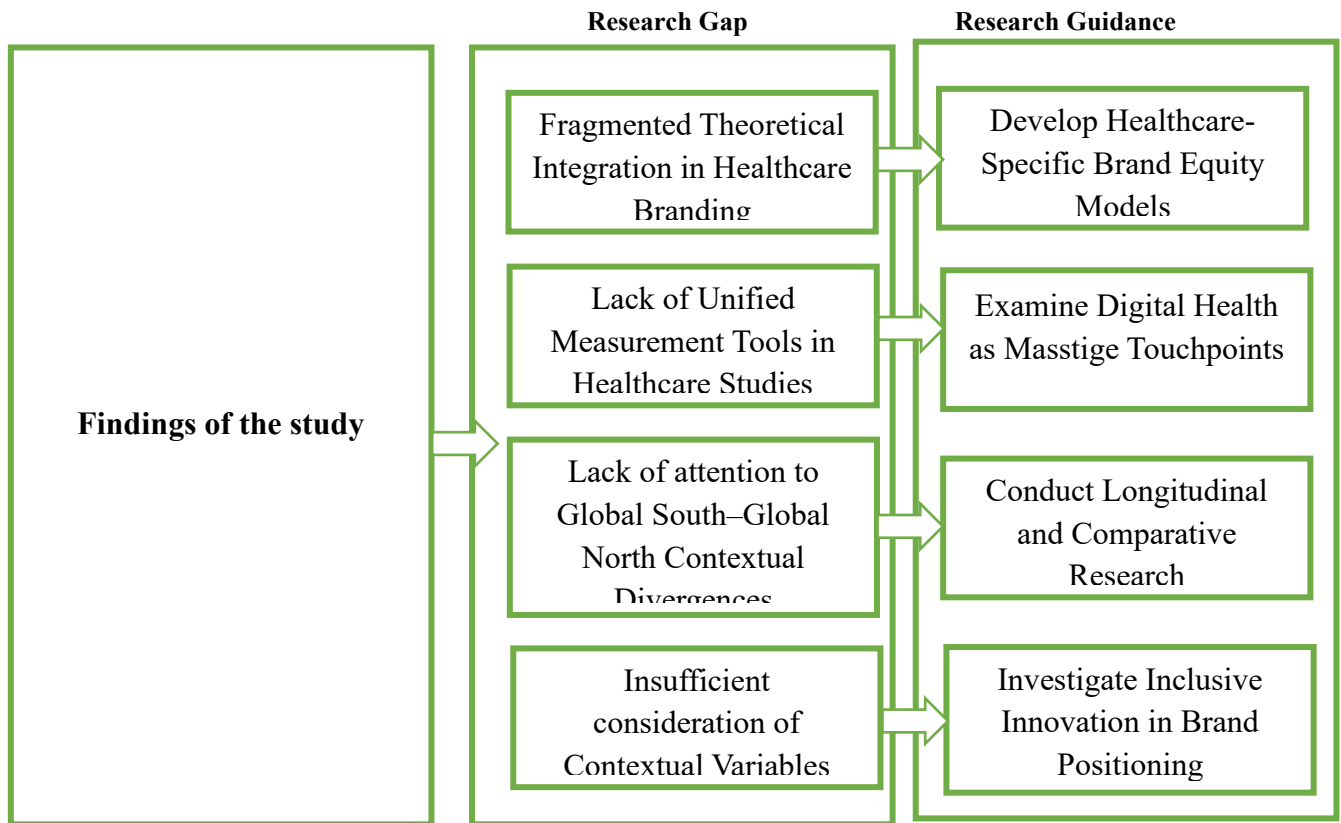


Figure: 4 Guidance Phase

## 8. Research Gap

Despite the growing corpus of work surrounding brand equity and masstige marketing, several critical gaps remain unaddressed:

- **Fragmented Theoretical Integration in Healthcare Branding:** A systematic synthesis of 199 articles reveals significant fragmentation in theoretical models of brand equity and masstige marketing, particularly within healthcare. Despite increasing attention, existing studies lack cohesive frameworks that merge symbolic, emotional, and trust-based dimensions relevant to patient-centric services (Lau et al., 2019; Moses & Sharma, 2020).
- **Lack of Unified Measurement Tools in Healthcare Studies:** While healthcare initiatives in Australia and India (e.g., Acacia system, AIIMS, IIMK) exhibit robust qualitative and digital methods, they do not consistently apply standardised tools to measure brand equity outcomes-limiting cross-study comparison and scalability (MENA Report, 2022; Gupta et al., 2023).
- **Lack of attention to Global South–Global North Contextual Divergences:** Existing literature inadequately captures the divergence in branding perceptions, strategies, and outcomes between Global North and Global South economies. In particular, emerging markets like India demonstrate distinct consumer aspirations, access limitations, and value systems that require context-specific branding models (MarketLine, 2023; Sao et al., 2022). Research gaps and future guidelines now explicitly prioritize generational segmentation, calling for more cross-regional studies comparing millennial branding dynamics in the Global North vs. Global South.

- **Insufficient consideration of Contextual Variables Across Cultures:** There is a noticeable gap in cross-cultural and demographic-focused research, especially regarding how generational or regional differences influence perceptions of healthcare branding in masstige frameworks (Ziou et al., 2023).

#### **9. Future Research Guidelines**

Several suggestive future guidelines are charted as follows:

- **Develop Healthcare-Specific Brand Equity Models:** Scholars should design comprehensive models that combine emotional resonance, public trust, and accessibility to reflect the unique dynamics of masstige branding in healthcare environments (Gupta et al., 2023; Dawood-Khan et al., 2023).
- **Examine Digital Health as Masstige Touchpoints:** Future studies should assess digital platforms (e.g., Acacia, MyHealthRecord) as symbolic branding interfaces, employing mixed methods to evaluate trust, engagement, and perceived prestige (Murdoch University, 2023; MENA Report, 2022).
- **Conduct Longitudinal and Comparative Research:** Researchers must evaluate how healthcare masstige branding strategies evolve over time and across geographies, with a focus on patient loyalty, brand association, and service credibility (MarketLine, 2023; Ziou et al., 2023).
- **Investigate Inclusive Innovation in Brand Positioning:** Explore how healthcare branding can foster inclusive innovation-where prestige is redefined by transparency, empathy, and access in resource-constrained settings (Brown et al., 2019; Nikiforou et al., 2020).

#### **10. Conclusion**

This literature review advances a nuanced understanding of brand equity and masstige marketing by synthesizing 199 peer-reviewed articles across diverse sectors, with significant inclusion of the healthcare domain. The study identifies a transformative shift in the academic discourse-moving from conventional brand management paradigms toward emotionally infused, digitally mediated, and context-sensitive branding models.

Millennials are not just consumers but co-creators of brand value. Their preferences are reshaping healthcare branding across Australia and India, where emotional branding, UX personalization, and ethical alignment have become strategic imperatives. For brand managers, healthcare providers, and policymakers, understanding millennial-driven brand equity is key to navigating the future of masstige marketing. A key insight is that masstige branding, traditionally associated with premium consumer goods, is now penetrating sectors such as healthcare and public services. These emerging applications balance symbolic prestige with mass appeal, leveraging emotional trust and technological access to create inclusive value. India and Australia have contributed meaningfully to this discourse by showcasing scalable models for healthcare branding that blend institutional transparency, digital platforms, and stakeholder co-creation.

Methodologically, the field is shifting toward triangulated research designs-survey and case study combinations, expert-driven conceptual frameworks, and digital behavioral analysis-reflecting a maturing understanding of the symbolic-functional interplay inherent in masstige strategies. In summary, this review establishes a foundational framework for future research and practice. It calls for the development of integrated, interdisciplinary branding models that accommodate public trust, emotional equity, and socio-cultural nuance-thus advancing the theoretical breadth and applied relevance of masstige branding in both commercial and public domains.

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