

Reframing Hospital Digital Marketing: Moving from Search Intent to Consultation Intent

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ABSTRACT

Hospital digital marketing is frequently evaluated using visibility-oriented indicators, including clicks, reach, and impressions; however, these metrics provide limited explanatory power regarding patient decision-making, consultation uptake, treatment conversion, and organisational performance. This narrative review reconceptualises hospital digital marketing as a strategic clinical intelligence system that links digital behaviour to consultation intent, service utilisation, patient retention, and institutional reputation. Guided by narrative review reporting standards, the study synthesised literature from healthcare management, digital marketing, digital health, patient experience, health communication, and behavioural science to examine how online search behaviour is shaped by uncertainty, perceived risk, affordability, family influence, and reassurance-seeking. The proposed framework differentiates search intent from consultation intent and identifies multiple frontline touchpoints, including the consultation room, call centre, counselling desk, nursing station, and billing counter, as sources of actionable intelligence for detecting hesitation, dropout, and trust breakdowns. The review further advances a multi-level KPI architecture and balanced scorecard that connect awareness, conversion, trust, and business outcomes more analytically than campaign metrics alone. Overall, hospital digital marketing should be understood as an integrated management function rather than a promotional activity. When aligned with patient experience and operational design, it can strengthen consultation pathways, improve trust formation, and support strategic performance.

Keywords: Hospital Digital Marketing; Patient Journey; Consultation Intent; Trust; Behavioural Economics; Digital Health; Hospital Management; Service-Dominant Logic; Conversion Science; Healthcare Strategy.

INTRODUCTION

Traditional marketing logic assumes that consumers compare options, interpret information, and transact when the proposition is sufficiently attractive. That assumption works reasonably well in restaurants, retail, real estate, and e-commerce, where products are visible, experiences are easier to sample, switching costs are clearer, and the emotional consequences of a wrong decision are usually limited. Healthcare differs fundamentally from most consumer markets because patients are not simply purchasing a product or service; they are navigating clinical uncertainty, perceived health risks, threats to personal well-being, family expectations, financial concerns, and a diminished sense of control over their circumstances.

For most people, the healthcare journey starts long before they walk into a hospital or speak to a doctor. They begin online searching for information, trying to understand their symptoms, comparing treatment options, checking costs, reading other patients' stories, or simply looking for reassurance. Often, this isn't a straight line from a Google search to booking an appointment on a hospital website. A person might be worried about vague symptoms, concerned about a family member, unsure about a diagnosis, anxious about money, fearful of social stigma, wanting a second opinion, or just wanting to feel more informed and in control. In many situations, this online activity is less about deciding to seek immediate treatment and more about reducing uncertainty and regaining a sense of control over what is happening to them.

Because of this, hospital digital marketing operates in a much more complex environment than traditional consumer marketing. Its job is not only to promote services or push people to book appointments, but to help them navigate their doubts, understand their options, and feel confident in the hospital's clinical expertise and integrity. Every digital touchpoint, website, social media, reviews, and informational content becomes part of the wider care journey, shaping how people perceive quality, credibility, accessibility, and safety before they ever make direct contact with the hospital. Hospital digital marketing is a process of building trust and relationships: it supports informed decision-making and gently guides people from searching for information to seeking consultation and care when they are ready.

Hospital marketing, for this very reason, cannot sit on the sidelines as a separate promotional activity operating independently of clinical work and day-to-day hospital operations. Whatever a patient experiences after seeing an ad, visiting the website, or booking an appointment ultimately decides whether their trust grows or collapses. A smart digital campaign might capture attention, but its value is quickly lost if people struggle to reach the hospital, book a slot on the hospital's appointment-booking system, navigate the system, receive clear updates, or receive proper follow-up after treatment. In healthcare, every promise made in marketing is tested against the reality of the care experience.

This way of thinking aligns with findings from broader healthcare transformation studies. Real value does not come from simply “doing something digital,” but from weaving digital tools into clinical workflows, organisational processes, data systems, and outcome measurement. The same logic applies to hospital marketing. Digital communication, whether a reel, a post, or a landing page, creates value only when it is linked to the full care pathway: how patients discover services, ask questions, book appointments, are counselled, converted to consultation, treated, followed up, and engaged over the long term.

When marketing is viewed in this integrated way, it stops being just a megaphone for promotions and becomes part of the hospital's operating system, supporting patients throughout their journey. Its success can no longer be judged only by clicks, impressions, or website visits, but by how far it contributes to consultation intent, actual service use, patient experience, clinical outcomes, and the long-term trust patients place in the institution.

AIMS and Objectives

The primary aim of this study is to develop a conceptual framework for understanding hospital digital marketing as a strategic clinical-intelligence system rather than a promotional activity. Specifically, the study seeks to:

1. Distinguish search intent from consultation intent in the healthcare journey.
2. Explain how trust, information asymmetry, and patient uncertainty shape digital-to-clinical conversion.
3. Identify how frontline departments generate actionable marketing intelligence across the patient journey.
4. Propose a multilevel KPI architecture and balanced scorecard linking awareness, conversion, trust, and business outcomes.
5. Offer a phased roadmap for integrating digital marketing with clinical operations, patient experience, and hospital strategy.

METHODS

Guided by narrative review reporting standards like SANRA, this study employed a narrative review and synthesis design to integrate conceptual and empirical work on hospital digital marketing, patient decision-making, and consultation intent. We conducted structured searches in Scopus, Web of Science, PubMed/MEDLINE, and Google Scholar (2010–2025, prioritising 2020 onwards) using predefined keyword clusters covering key terms like (e.g. “hospital digital marketing”, “digital health communication”), behaviour/journey (e.g. “online health information seeking”, “consultation intent”), trust/information asymmetry (e.g. “web trust model”, “signaling theory”), and management/performance (e.g. “patient engagement”, “digital ROI healthcare”). Peer-reviewed English-language studies on hospitals or healthcare organisations were included if they examined digital marketing or communication, online information seeking and its link to consultation or utilisation, digital trust and information asymmetry, adoption of patient-facing digital tools, or measurement of digital marketing effectiveness; non-healthcare contexts, purely technical IT papers, non-peer-

reviewed sources, and pharma-only marketing studies were excluded. Titles/abstracts and then full texts were screened iteratively, reference lists of key articles were hand-searched, and eligible studies were coded by topic. Using Popay et al.'s narrative synthesis principles, findings were organised into four thematic lenses: search versus consultation intent, trust and information asymmetry, adoption and usability of digital tools, and value co-creation/service-dominant logic and then conceptually integrated into the proposed framework linking digital metrics to consultation intent, speciality utilisation, and trust outcomes.

Operational Methods

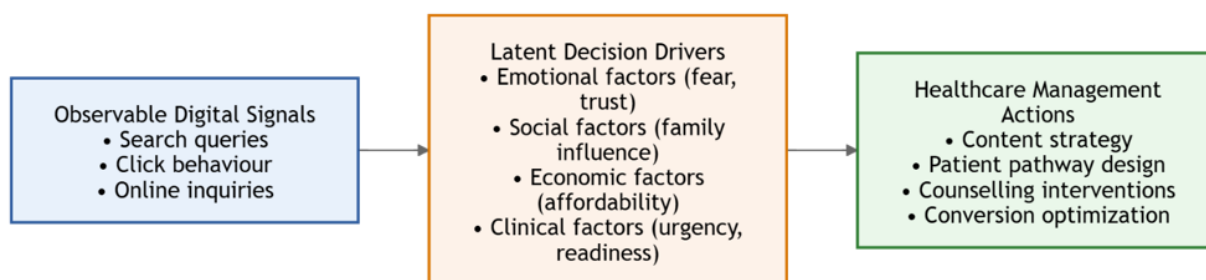
For the purposes of this study, consultation intent is defined as the observable and measurable readiness of a prospective patient to move from information-seeking to a healthcare encounter, such as contacting the hospital, booking an appointment, or attending a consultation. This concept reflects the transition from consideration to action in healthcare decision-making (Ajzen, 1991). Trust formation refers to the degree to which digital and offline interactions reduce uncertainty and strengthen confidence in the hospital's competence, transparency, reliability, and integrity (Hall et al., 2001; Mayer et al., 1995). Marketing intelligence is defined as the systematic collection, interpretation, and use of patient signals from digital and frontline touchpoints to improve service design, patient experience, and conversion outcomes (Kotler & Keller, 2022; Jaworski & Kohli, 1993). Patient conversion refers to the progression from inquiry to appointment booking, consultation attendance, treatment acceptance, or repeat engagement, representing the point at which interest translates into measurable service uptake (Court et al., 2009; Kotler & Keller, 2022).

LITERATURE REVIEW

Search Intent versus Consultation Intent

Search intent and consultation intent are not the same thing. Search intent appears as online behaviour such as looking up symptoms, comparing hospitals, reading reviews, or browsing treatment information, but these actions usually reflect curiosity, concern, or a need for reassurance rather than readiness to seek care. Consultation intent is a deeper stage in which online searching begins to translate into action, such as calling the hospital, booking an appointment, attending a consultation, or accepting a recommended procedure. Whether people move from search to consultation depends on symptom severity, perceived risk, trust in the clinician and institution, family influence, affordability, and emotional readiness. Search intent is shaped by latent decision drivers and becomes actionable only when translated into consultation intent, requiring corresponding management responses in content strategy, pathway design, and counselling (Figure 1).

Figure 1. Search Intent vs Consultation Intent Model



Patients also search for meanings that sit beneath the words they type. A query such as “best IVF hospital near me” may reflect fear of failure, stigma, and cost pressure, while “chest pain specialist” may reflect fear of sudden death and uncertainty about urgency. Similarly, searches for “cancer doctor near me,” “knee replacement cost,” or “spine surgery hospital” often reveal concern about risk, safety, affordability, and trust. These patterns show that healthcare search is not merely informational; it is an early expression of emotional and practical uncertainty that hospitals must address through credible, patient-centred communication.

Service-Dominant Logic

Service-Dominant Logic is a useful way to think about healthcare because it reminds us that value is not something handed over at the end of a single transaction. Instead, value is created through a series of interactions between patients, families, and the hospital team over time. Patients do not experience care as a one-off event; they experience it as a journey. They may first come across a hospital through Google, social media, or a neighbour's recommendation, but that first touchpoint is only the starting line. What actually shapes their sense of value is everything that follows: how easy it is to book an appointment, how clearly a nurse explains what will happen next, whether the bill feels transparent and fair, and how the hospital follows up after discharge. Small, everyday moments, such as a warm greeting at reception, a doctor who takes time to listen, or a timely call to check on recovery, can quietly build trust, while confusion, long waits, or rushed interactions can leave a lasting negative impression. In this sense, value is co-created in the shared journey of patients, clinicians, support staff, and administrators, not simply promised in a brochure.

Patients, therefore, judge a hospital not only on whether their condition improves, but on the overall weave of experiences they encounter along the way. Every step from calling the hospital, finding the right department, and moving through investigations and procedures, to being discharged and managing recovery at home, adds to their personal story of what the hospital is "really like." A website that sets clear expectations, especially regarding services and costs, can reduce anxiety even before a patient arrives. Staff who listen carefully and use simple language help patients feel respected and included in decisions. These positive touchpoints signal that the hospital cares about them as people, not just as cases. On the other hand, a cancelled surgery with poor explanation, a billing surprise, or a hurried discharge can undo much of this goodwill. Each interaction builds on the last, shaping how patients interpret the hospital's quality, reliability, and trustworthiness.

For hospital marketing, the message is that campaigns and advertisements are only the opening chapter of the story. A hospital's true brand is written in what happens during real episodes of care. If patients repeatedly encounter compassionate, well-coordinated, and efficient care, the brand is reinforced naturally through word of mouth, repeat visits, and quiet recommendations within families and communities. If the lived experience does not match the promise, if appointments are chronically delayed, information is inconsistent, or follow-up is weak, then even the most polished marketing will feel hollow. In practice, this means the marketing, clinical, and operations teams must work in close partnership so that the hospital's narrative is consistent from the first digital contact to the final follow-up call. When each stage of the journey is designed to be seamless and empathetic, the hospital's value and reputation are co-created across the whole system's digital channels, clinical services, administration, and patient support, forming the kind of enduring relationships that sit at the heart of a strong hospital brand.

Information Asymmetry Theory

Patients often feel uncertain because hospitals and doctors usually have much more information about illnesses, treatments, and costs than they do. This information gap, which economists call "asymmetric information", can leave people feeling anxious, suspicious, or hesitant, leading them to delay appointments or second-guess the care being offered. When hospitals bridge this gap with clear, patient-friendly communication, plain-language explanations of conditions and procedures, visible pricing, simple guides, and FAQs, they make it easier for patients to understand what is happening and what to do next. Over time, these transparency measures tend to build trust, convert more inquiries into bookings, improve adherence to treatment plans, and strengthen the hospital's reputation in the community.

In day-to-day terms, information asymmetry shows up when a patient hears mostly technical terms and vague phrases like "we need more tests" and comes away feeling confused or worried. Economic theory offers a useful analogy in Akerlof's "lemons" model, which shows how markets can break down when sellers know far more than buyers; in healthcare, patients face their own version of "lemons" whenever they encounter hidden complexities, unknown costs, or unexplained risks and cannot judge value for themselves. As Arrow and others argue, trust then becomes the primary shortcut people rely on when making decisions in the face of these gaps. Research also shows that when patients feel under-informed, trust can erode: this may appear when a patient delays a necessary scan because no one has explained the likely diagnosis, the consent form is written like a

legal document, and the cost remains unclear. By contrast, when a hospital explains test results in plain language, publishes approximate prices, and clearly outlines the treatment steps, patients feel more in control and more willing to move forward.

Studies suggest that when price and process information are presented clearly and in a way that patients can act on, people choose providers more decisively and are more likely to follow through on recommended care. Over time, this kind of transparency not only increases appointment attendance but also improves adherence and long-term trust in the clinical team. For hospital marketing, the lesson is that human-centred communication, which clearly explains the “what, why, and how” of care, can transform curiosity into commitment. This involves several practical shifts. First, using plain, complete information: conditions, tests, and treatment steps should be described in everyday language, supported by FAQs or decision aids, so that patients and families can genuinely understand each stage. Second, being transparently practical: hospitals can share sample prices or fee ranges, outline the normal sequence of appointments and investigations, and use simple visuals or checklists so people know what to expect. Third, signalling credibility and trust: showcasing clinician credentials, authentic patient stories, outcome indicators, and accreditations helps visitors see that the doctors are both competent and caring. Finally, providing support and decision help: patient navigators, care coordinators, detailed FAQ pages, and family-oriented materials give people somewhere to turn with their questions. When marketing content is tightly aligned with clinical realities in this way, openly addressing uncertainties, highlighting expertise, and making processes visible, hospitals reduce information imbalance, build durable trust, and earn a stronger, experience-based reputation.

Hospital digital marketing needs to be understood as part of the care system itself, not as a separate activity that only runs ads or social media campaigns. In reality, every digital touchpoint, whether it is a Google search result, a WhatsApp message, an online form, or a teleconsultation link, interacts with clinical care and helps shape what patients decide to do.

Practical implications for hospitals

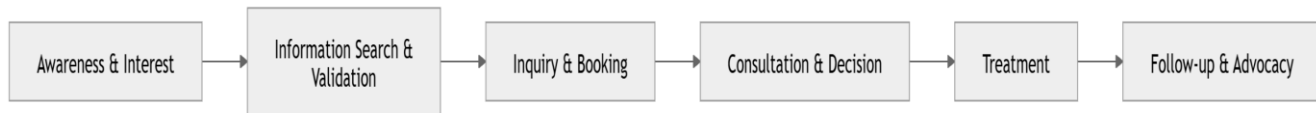
Hospitals should treat digital engagement as a shared process of care rather than a one-way communication activity. From a service-dominant logic perspective, interactive tools such as symptom checkers, simple patient portals, and telehealth check-ins can help patients ask questions, track progress, and participate actively in their own care. When reminders, messages, and educational content are aligned with actual clinical pathways, the digital experience becomes more coherent and trustworthy because what patients see online matches what happens in consultation.

At the same time, hospitals should reduce information asymmetry by publishing plain-language guides, short explainer videos, clinician profiles, patient stories, and clear journey maps that show what happens from the first visit through follow-up. Trust is strengthened further when websites, booking systems, and mobile apps are simple, secure, and easy to use, with visible privacy statements and accreditations. Just as important, staff should respond promptly and empathetically across digital channels, so that each inquiry is treated not as a transaction, but as the beginning of a patient relationship.

Patient Journey as a Sociological System

The patient journey is best understood not as a simple funnel but as a sociological process in which expectations, fears, social cues, and institutional experiences accumulate over time. A hospital may assume that awareness naturally leads to appointment bookings, yet in reality, the journey is often interrupted by stigma, family discussions, affordability concerns, fear of a diagnosis, advice from competing providers, and inconsistent interactions with frontline staff. Awareness may begin with symptoms, referrals, advertisements, social media posts, or word of mouth, but movement through interest, information search, validation, consultation, decision, treatment, follow-up, and advocacy depends on whether the patient feels reassured, respected, and confident enough to continue.

Figure 2. Patient Journey Map



The patient journey can be conceptualised as a staged progression from awareness and interest to information search and validation, inquiry and booking, consultation and decision, treatment, and follow-up with advocacy. Dropouts most often occur at three critical points. The first is after awareness, when generic content fails to answer specific worries or reduce uncertainty. The second is after inquiry, when slow response times, poor call handling, or weak counselling create friction. The third is after consultation, when trust remains too weak to justify accepting treatment. In each case, the core issue is usually not information alone, but the gap between the hospital’s digital promise and the lived experience of access, communication, pricing, and care delivery.

FINDINGS

Why Generic Medical Content Fails

Many hospitals fill their feeds with symptom posts, health-day greetings, festival creatives, and generic awareness graphics. These keep the pages “active,” but they rarely move patients any closer to booking a consultation because they do not address the real points where people get stuck, i.e., uncertainty, fear, practical questions, or doubts about whom to trust. When content feels interchangeable across hospitals and fails to answer the specific questions a worried patient has at a particular stage of their journey, it blends into the background noise rather than prompting action.

This kind of generic content underperforms for several reasons. First, it adds to content fatigue: patients see the same “World Heart Day” messages and lifestyle tips across dozens of hospital accounts, with very little real clinical detail. Second, it misses the heart of the patient’s problem, which is often emotional or practical (“Is this serious?”, “Can I afford this?”, “Which doctor should I trust?”) rather than purely informational. Third, in a crowded attention economy, low-signal posts are easy to scroll past because they offer nothing new, urgent, or personally relevant. Finally, they do little to narrow the information gap between patient and provider; they rarely explain what will actually happen, what it might cost, or why one hospital might be a safer or more appropriate choice than another.

What hospitals need instead is content that is clinically grounded and journey-specific. Rather than relying only on a “World Heart Day” graphic, for example, a cardiology service should build a trust pathway around heart care: clear explainers on when chest pain is an emergency, simple maps of what happens during an angiography or angioplasty, honest discussions of affordability and insurance, FAQs for families about risk and recovery, short videos of doctors explaining procedures in plain language, and guidance on what to expect in the first week after discharge. This kind of content does more than educate; it directly lowers decision friction and increases the sense of safety around taking the next step. It shows patients and families not only that the hospital understands heart disease, but that it understands their worries and is ready to walk with them from online search to real consultation and treatment.

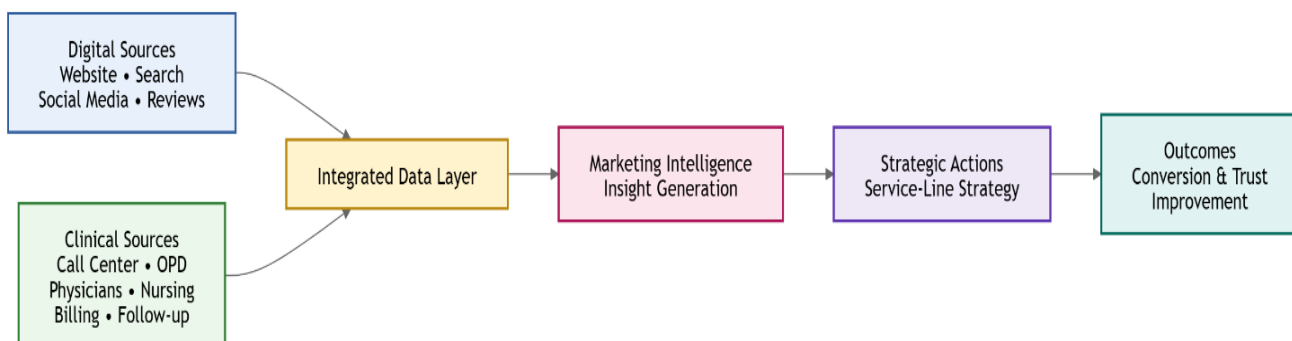
CONSULTATION ROOM AS A DATA SOURCE

One of the most underused “marketing departments” in a hospital is not on social media or in a digital marketing agency office; it is the consultation room and everything around it. Each frontline team quietly holds pieces of the real patient story that never appear in dashboards or campaign reports. Reception staff hear the first, raw questions patients ask before they are even sure they want to book. Counsellors listen to the reasons people hesitate at the point of decision. Doctors discover what patients have misunderstood from their online searches. Nurses see the fears that surface after a diagnosis is explained. Billing teams know exactly when and how price shock occurs. Follow-up callers and staff can sense when trust starts to weaken in the weeks after discharge.

Taken together, these daily observations form a powerful, but often untapped, intelligence system about what truly drives or blocks consultation. If hospitals systematically listened to these voices and fed their insights back into digital content, scripting, and process design, marketing would become far more aligned with reality on the ground, speaking directly to the questions, doubts, and worries that patients actually express, rather than those assumed from a distance.

Hospital marketing intelligence should be grounded in the structured insights generated by frontline departments, as each captures a different point in the patient journey. Reception and call-centre teams identify recurring inquiry patterns, response delays, and booking objections, informing the refinement of FAQs, scripts, messaging, and access pathways. OPD counsellors provide evidence on hesitation, affordability concerns, and comparisons with competing providers, which can strengthen counselling content, conversion workflows, and package communication. Doctors provide insights into misconceptions, unmet expectations, and recurring patient fears, supporting the development of speciality-specific trust content and pre-consultation education. Nursing teams capture anxiety triggers, caregiver concerns, and post-procedure confusion, enabling more effective reassurance communication and follow-up support. Billing teams reveal price-related objections, disputed estimates, and payment delays, thereby supporting cost transparency and financial navigation tools. Follow-up and coordination teams identify reasons for no-shows, treatment dropouts, and recurring query themes, which can inform retention mechanisms and recovery interventions. Collectively, these departmental insights reposition marketing as an evidence-informed intelligence function that supports patient flow, trust, and conversion. Digital and clinical interactions should be integrated into a unified marketing intelligence ecosystem that converts patient signals into strategic action and measurable organisational outcomes (Figure 3).

Figure 3. Marketing Intelligence Ecosystem



Hospitals can create an advantage when tacit frontline knowledge is captured, codified, shared, and converted into better systems. In hospitals, that means moving from campaign-driven marketing to intelligence-driven marketing, in which clinical and administrative interactions continuously shape content, counselling, and service design.

Digital Marketing as a Hospital Strategy System

Digital marketing in a hospital cannot sit off to the side as a “promotion function” that just runs posts and campaigns. It directly shapes how people find the hospital, which specialities they choose, how many outpatients walk in, how many beds eventually get filled, which packages are taken up, how referrals flow, and what patients say about their experience. When it is designed and managed properly, digital marketing becomes part of the hospital’s operating model: it turns weak, scattered demand signals from the market into organised, clinically and operationally manageable patient flow.

Hospital Management Logic Behind Digital Marketing

Hospital administrators should closely monitor digital behaviour because it often provides the earliest visible signal of future patient flow. Search patterns, website visits, and online inquiries can indicate where demand is increasing, which specialities people are finding difficult to access, and which elective, chronic, or high-trust services, such as oncology, IVF, or cardiac care, are likely to expand. In simple terms, what patients do online

today often points to where outpatient queues, bed demand, and package uptake will rise tomorrow if the hospital responds in time.

When viewed this way, digital marketing touches a wide range of strategic levers, not just “engagement.” It can increase patient volume by converting more searches and inquiries into appointments. It can steer service utilisation by directing demand towards target specialties and specific procedures. It can shape case mix by attracting more complex or higher-trust cases when a hospital clearly positions its expertise. It drives revenue by increasing the proportion of consultations that progress to treatment and structured follow-up care. It influences reputation through visible reviews, patient stories, demonstrable expertise, and the consistency between what is promised and what is delivered. It affects patient acquisition cost by making targeting and funnel management more efficient. It builds lifetime value when positive experiences lead to repeat visits and family-wide loyalty. It strengthens market positioning by telling differentiated Speciality stories rather than generic “multi-specialty” messages. Finally, it supports occupancy and Speciality growth when digital pathways are tightly coupled with clinical capacity and appointment systems so that demand can be translated into actual beds and procedures.

Healthcare Marketing Performance Measurement Framework

Traditional marketing metrics such as likes, followers, reach, and impressions are insufficient because they measure visibility rather than care conversion or institutional value. A hospital requires a multi-level dashboard that captures movement from awareness to trust, consultation, treatment, and long-term retention. This metric framework can be understood as a six-level staircase linking basic visibility to deep, trust-based value within a hospital’s digital system.

At the first level, awareness metrics capture how visible the hospital is in the digital environment. Measures such as reach, impressions, share of search, and overall website traffic show whether people are even seeing the hospital and its services. Strategically, this layer helps leaders understand if their brand is “present in the room” when patients begin searching for help, and whether campaigns are succeeding in creating baseline demand.

The second level, engagement, looks at whether this visibility actually holds a patient’s attention. Indicators like session duration, click-through rate, bounce rate, and engagement rate reveal how relevant and resonant the hospital’s messages are. If people leave quickly or rarely click deeper, it signals that the content is not matching their questions or concerns. At this stage, the focus is on refining messaging and content so that patients feel, “This speaks to me.”

The third level, lead generation, shifts from attention to intent. Here, hospitals track inquiry volume, cost per inquiry, and the number of leads that meet basic qualification criteria (for example, genuine health concerns within the hospital’s scope of services). These metrics show how efficiently digital channels are turning interest into concrete opportunities for care. Management can use this layer to judge the cost-effectiveness of different campaigns and channels in acquiring potential patients.

The fourth level, clinical conversion, is where digital behaviour starts to translate into real care uptake. Metrics such as appointment conversion rate, attendance rate, and consult-to-treatment conversion indicate how many people move from inquiry to booked appointment, actually attend, and then proceed to recommended procedures or care plans. This level is crucial for understanding how well the hospital reduces decision friction and supports patients across the threshold from online interest to in-person care.

The fifth level, business outcomes, connects marketing activity directly to financial and strategic performance. Here, leaders track revenue contribution from digital-origin patients, speciality-wise growth, return on investment (ROI) on campaigns, and overall patient acquisition cost. These measures help determine whether digital marketing is not just busy, but genuinely accretive to service-line growth, margin, and long-term sustainability.

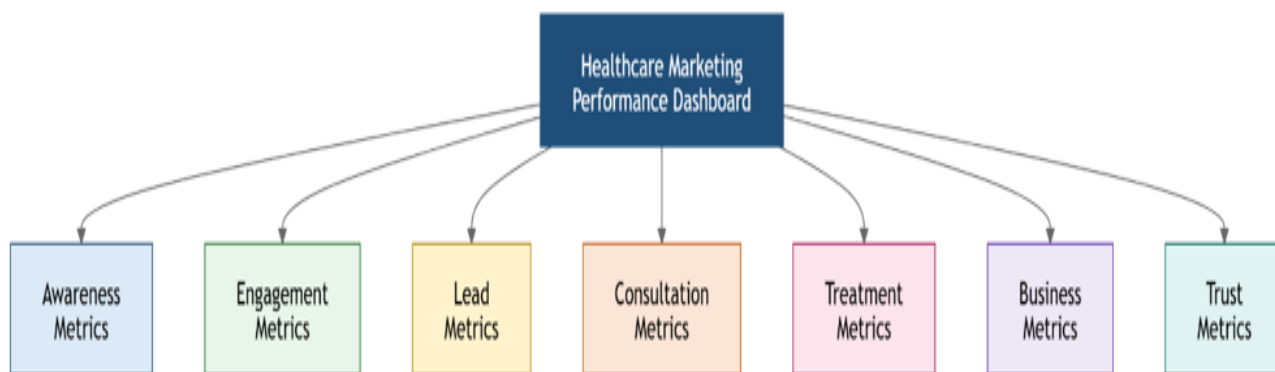
Finally, the sixth level, trust outcomes, captures the durable, relational value created by the entire journey. Metrics such as patient satisfaction scores, Net Promoter Score (NPS), online review sentiment, and the rate of

repeat visits or family referrals show whether digital and offline experiences together are building a trustworthy, relationship-driven brand. At this level, marketing is no longer evaluated by clicks, but by whether patients choose to come back, bring others, and speak well of the hospital over time.

Executive KPI Framework

Hospital administrators should closely monitor digital behaviour because it is often the earliest visible signal of future patient flow. Search patterns, website visits, and online inquiries can show where demand is building, which specialties people are struggling to access, and which elective, chronic, or high-trust services such as oncology, IVF, or cardiac care are likely to grow; in other words, what patients do online today often predicts where outpatient queues, bed demand, and package uptake will rise tomorrow if the hospital responds well. Viewed this way, digital marketing affects multiple strategic levers beyond engagement: it can increase patient volume, steer service utilisation, shape case mix, drive revenue, improve reputation, reduce acquisition cost, build lifetime value, strengthen market positioning, and support occupancy and speciality growth when linked to clinical capacity and appointment systems. The KPI architecture can be operationalised as a staged dashboard moving from awareness to trust through engagement, lead, consultation, treatment, and business metrics (Figure 4).

Figure 4. KPI dashboard architecture for hospital digital marketing.



The dashboard integrates awareness, engagement, lead, consultation, treatment, business, and trust metrics into a staged performance framework.

To make the framework measurable, hospitals can track consultation intent through appointment-booking rate, call-back acceptance rate, enquiry-to-visit conversion, and abandoned inquiry rate. Trust formation may be measured by review sentiment, NPS, repeat-visit rate, referral rate, and patient-reported confidence in the hospital. Marketing intelligence can be assessed through the proportion of frontline insights captured, the time taken to translate insights into content or process changes, and the share of digital campaigns linked to service-line outcomes.

A hospital-specific digital marketing balanced scorecard can be organised into four linked domains: financial, customer, internal process, and learning and growth. The financial domain focuses on return on digital investment, customer acquisition cost, revenue contribution, and package conversion; the customer domain measures trust, satisfaction, loyalty, repeat visits, and referrals; the internal process domain tracks response times, booking completion, no-show rates, and consult-to-treatment conversion; and the learning and growth domain assesses staff training, dashboard use, frontline insight capture, and cross-functional review. Together, these measures help turn digital marketing from a visibility exercise into an evidence-driven management system.

DISCUSSION

Over time, hospitals can move from ad-hoc campaigns to an integrated digital system to improve access, trust, and conversion by following a phased yet conceptually unified roadmap. In the early phase, leaders need to audit all digital assets by specialty, map them to specific patient-journey stages and intended conversions, and define

a clear lead taxonomy (inquiry, qualified inquiry, booked consultation, attendance, treatment), while building specialty-specific content that addresses real fears and objections and feeding structured feedback from call-centre and OPD into an executive dashboard that views awareness, leads, conversion, and trust together. In the next phase, this foundation is deepened through integrated CRM workflows that join website inquiries, calls, bookings, attendance, and follow-up into a single journey view, supported by clinician-assisted trust assets (procedure explainers, journey maps, preparation guides) and regular service-line conversion reviews where marketing, operations, clinicians, and billing diagnose whether drop-offs are driven by communication, access, scheduling, pricing, or handoff problems, with standardised high-trust protocols and active review/reputation management for sensitive specialties. In the mature phase, the digital function evolves into a marketing-intelligence capability in which journey-level analytics and predictive models for no-shows, dropout risk, and channel-level value inform speciality expansion, capacity alignment, and resource allocation, and where trust score and patient-journey score are institutionalised as board-level indicators so that digital demand signals continuously shape service-line strategy, market positioning, and long-term growth.

Seen this way, several strategic implications follow. First, marketing has to be aligned with operations: there is no point promoting services that are hard to reach, poorly scheduled, or frequently unavailable. Second, it must be aligned with clinical pathways so that the story patients see online matches what actually happens from first search to discharge and follow-up. Third, it has to connect with the revenue cycle, because whether people convert often depends on clear estimates, understandable packages, and supportive financial counselling. Fourth, it must be tied to quality and patient experience, since trust is built or broken by what patients actually live through, not by what they see in ads. Finally, it needs to be integrated with analytics so that leaders can see how digital demand translates into utilisation, profitability, and service-line growth and adjust both marketing and capacity accordingly.

Under this logic, marketing stops being a peripheral cost centre judged mainly by likes, impressions, or “brand visibility.” Instead, it becomes a strategic demand-shaping capability whose quality directly influences both growth and trust. Administrators who integrate digital signals into service planning, capacity decisions, and financial strategy are better positioned to grow sustainably while maintaining credibility with patients and clinicians alike. This architecture reflects the broader argument that hospital marketing should be judged not solely by attention but by its contribution to access, trust, and utilisation. A balanced scorecard is important because digital marketing performance in hospitals depends on cross-functional learning rather than communications output alone. When the financial, customer, process, and learning dimensions are tracked together, leaders can identify whether weak outcomes stem from poor visibility, poor conversion design, poor service experience, or poor organisational learning.

Emerging technologies can further strengthen this framework. Artificial intelligence can help hospitals segment audiences more effectively, personalize content, manage chatbot-based responses, and understand the meaning behind patient queries. Predictive analytics can identify patients at risk of not showing up, dropping out, or delaying conversion, enabling the hospital to follow up at the right time with appropriate support and counselling. Patient relationship management systems can bring together inquiry, booking, attendance, treatment, and follow-up information into a single journey view, helping hospitals shift from marketing as a promotional activity to marketing as a practical system for understanding and supporting patient care.

CONCLUSION

Healthcare marketing is not just communication; it is a clinical intelligence system that tracks how patients move from anxiety to trust, from inquiry to consultation, and from consultation to treatment. Hospitals that treat digital marketing as a vanity-metric exercise will keep generating attention without durable conversion, while those that integrate patient psychology, trust formation, workflow design, and frontline intelligence will be better positioned to grow sustainably.

For hospital leaders, the practical message is that digital marketing should be managed as a strategic function, with its impact measured through patient flow, conversion, and trust rather than communication volume or visual appeal. Frontline teams such as receptionists, counsellors, nurses, and doctors should be treated as core intelligence partners because they see where patients hesitate, what they misunderstand, and what blocks

consultations and treatments. Speciality growth plans should combine digital demand signals with operational realities such as clinic schedules, bed availability, and pathway readiness. Trust should also be translated into clear management KPIs such as attendance reliability, sentiment trends, retention, repeat visits, and referral rates.

Future research should empirically test this framework through single-hospital pilots, comparative multi-centre studies, and speciality-specific case analyses. Quantitative studies should examine whether consultation-intent metrics predict actual attendance, treatment acceptance, and revenue contribution better than conventional visibility indicators. Mixed-method studies would also be valuable to explore how patients interpret trust, how frontline staff generate intelligence, and how digital tools influence care decisions across different health system contexts. Although the framework is presented as a conceptual model, its constructs are designed to be measurable and testable in future implementation studies.

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