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Branding and Marketing Strategies for Traditional Healthcare Services in Hospitals: A Narrative Review of Innovative Integration to Enhance Public Acceptance and Trust

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Abstract

Background: The integration of traditional healthcare services within modern hospital settings faces intricate perceptual and systemic challenges regarding public acceptance and trust (*public trust*).

Objective: To critically analyze and synthesize strategic branding and innovative marketing frameworks for traditional healthcare services in hospitals, focusing on mechanisms to elevate public acceptance and trust.

Methods: A structured thematic narrative synthesis was conducted across four major electronic databases: PubMed, Google Scholar, ScienceDirect, and Semantic Scholar (covering literature published from 2000 to 2026). The qualitative synthesis categorized evidence into key thematic pillars: Patient-Centered Care paradigm shifts, the expanded 7Ps marketing mix, Marketing Technologies (MarTech), psycho-cultural dynamics, and the management of Non-Marketing Employees (NMEs) in clinical environments.

Results: Successful integration of traditional healthcare marketing hinges upon five fundamental pillars: (1) Transitioning toward a patient-centered model that prioritizes holistic quality of life and patient value creation; (2) Aligning the 7Ps marketing mix with five essential hospital image dimensions; (3) Deploying evidence-based MarTech strategies (SEO, clinical content marketing, AI-driven CRM, and multi-platform social media) to address the market reality where 75% of patients evaluate healthcare facilities online; (4) Navigating psycho-cultural dynamics to diminish cognitive dissonance and social stigma; and (5) Mitigating *Marketing Dispersion* among clinical staff (NMEs) through *Idea Catalysis*, *Complementary Positioning*, and *End-User Reframing*.

Conclusion: Branding and marketing of traditional healthcare services in hospitals transcend mere commercial promotion; they are ethical, strategic, and communicative instruments necessary to cultivate public trust, bridge ideological divides between conventional and traditional medicine, and foster sustainable, holistic patient care.

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INTRODUCTION

The contemporary healthcare ecosystem in Indonesia is undergoing a profound structural transformation. Competitive intensity among healthcare institutions has reached an unprecedented peak, propelled by aggressive expansion from private healthcare conglomerates, accelerated digital adoption, and the widespread coverage of the National Health Insurance (JKN) system[1,2]. These macro-environmental shifts require public and private healthcare facilities to evolve from static public entities into highly responsive, market-oriented organizations while safeguarding their core social mandate[3,4]. In this evolving paradigm, healthcare consumers are no longer passive recipients of clinical directives; they have become autonomous information seekers who evaluate healthcare facilities based on perceived quality, brand equity, and emotional experience.

Concurrently, public interest in traditional, complementary, and alternative medicine—including herbal therapies, acupuncture, acupressure, and integrative modalities—has grown substantially globally and locally[5,6]. National epidemiological surveys indicate that a majority of the population relies on self-care and traditional practices as first-line health maintenance. Recognizing this cultural reality, the Indonesian government, through Law No. 36 of 2009 concerning Health and its secondary regulations, established a definitive legal mandate to integrate scientifically validated, safe, and effective traditional healthcare into formal medical facilities, including hospitals [7].

Despite regulatory backing and strong community demand, integrating traditional medicine into formal hospital architectures encounters deep-rooted cultural and perceptual barriers. Persistent skepticism remains among conventional medical practitioners and segments of the public regarding clinical differentiation, safety profiles, and evidence-based efficacy compared with modern biomedical interventions[5,8]. Negative historical stigmas, insufficient dissemination of empirical evidence, and legacy communication gaps frequently impede the optimal adoption of traditional hospital clinics[9].

Patient trust (*patient trust*) in institutional settings is built through consistent, transparent experiential touchpoints over time[10]. Without explicit assurances regarding practitioner competence, standardized clinical protocols, and formal institutional backing, establishing sustainable patient engagement with hospital-based complementary services remains difficult.

Organizational reputation and brand image have transitioned from mere decorative promotional elements to primary strategic assets that ensure long-term financial viability and public credibility[11,12]. Within traditional healthcare, institutional hospital *branding* serves as a critical *protective layer*, offering patients psychological safety, legal assurance, and quality guarantees prior to undergoing clinical procedures[11].

However, healthcare marketing fundamentally diverges from conventional fast-moving consumer goods promotion. Hospital marketing is strictly bound by bioethics, professional conduct codes, stringent medical

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advertising laws, and the overarching moral responsibility of safeguarding human life[12]. Consequently, executing successful healthcare marketing requires seamless cross-functional alignment between administrative marketing teams and front-line medical personnel.

The existing healthcare marketing literature overwhelmingly focuses on promoting modern tertiary specialties or on outlining generic marketing mix frameworks (4P/7P) without contextual adaptation[3,13]. Very few studies have systematically synthesized the ways in which modern marketing technology (MarTech), front-line clinical employee alignment (Non-Marketing Employees/NMEs), and cognitive dissonance mitigation intersect in the marketing of traditional healthcare services within formal hospital settings.

This narrative review addresses this void by fulfilling several specific objectives. First, it analyzes the strategic paradigm shift toward patient-centered care within traditional healthcare integration. Next, it maps the alignment between the expanded 7Ps marketing mix and the five core dimensions of hospital brand image. Furthermore, it evaluates the role of digital marketing technology (MarTech)—including SEO, AI-driven CRM, and social media—in cultivating evidence-based public trust. It also examines psycho-cultural dynamics and cognitive dissonance mitigation mechanisms among healthcare consumers. Finally, the review outlines managerial tactics to address Marketing Dispersion challenges among front-line clinical staff (NMEs).

METHODOLOGY

Research Design

This study employed a structured Narrative Review design to execute a qualitative-conceptual synthesis of peer-reviewed scientific literature. This methodological approach was selected for its flexibility in examining multidisciplinary domains at the intersection of hospital administration, clinical health sciences, public policy, and strategic digital communications.

Literature Search Strategy

A comprehensive literature search was conducted across four major electronic databases: PubMed, Google Scholar, ScienceDirect, and Semantic Scholar. Search strings were formulated using structured Boolean logic (AND/OR) as follows:

("Healthcare Marketing" OR "Hospital Branding") AND ("Traditional Healthcare" OR "Complementary Medicine") AND ("Public Trust" OR "Patient Acceptance") AND ("MarTech" OR "Digital Marketing" OR "Non-Marketing Employees")

Inclusion and Exclusion Criteria

To ensure a rigorous and transparent selection process, specific eligibility parameters were established for the literature review. The inclusion criteria comprised peer-reviewed journal articles, empirical studies (including randomized controlled trials, qualitative designs, and quantitative surveys), systematic reviews, and narrative reviews published between 2000 and 2026. Furthermore, eligible sources were required to directly address healthcare marketing, hospital branding, healthcare business communication, or the

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integration of traditional and complementary medicine within formal health facilities. The review considered manuscripts published in either English or Indonesian to capture both global and relevant national perspectives.

Conversely, clear exclusion criteria were applied to maintain the scientific integrity and institutional relevance of the synthesized literature. Publications lacking verifiable author credentials or those published in predatory and unaccredited venues were excluded from analysis. Studies that examined traditional medicine purely within informal or unregulated settings—without any connection to hospital administration or formal healthcare management—were likewise omitted. Finally, popular media opinion pieces that were devoid of scientific methodology were excluded to ensure the review relied strictly on evidence-based sources.

Data Extraction and Synthesis

Selected studies were extracted, analyzed, and synthesized using a thematic matrix approach. Extracted data were organized into five core thematic clusters: (1) Patient-Centered Orientation, (2) The 7Ps Mix & Hospital Image, (3) MarTech & Digital Channel Applications, (4) Psycho-Cultural & Behavioral Dynamics, and (5) Internal NME Management & Ethical Governance.

RESULTS

Summary of Primary Literature

Table 1 outlines the core literature analyzed, highlighting the methodological approaches, focal areas, and strategic implications regarding healthcare marketing and traditional service integration.

Paradigm Shift: From Provider-Driven to Patient-Centered Care (*Patient Value Creation*)

Marketing traditional healthcare services within hospitals cannot succeed under legacy *provider-driven* paradigms. The global healthcare sector is experiencing *disrupted exchanges*—a condition in which the boundaries between tech manufacturers, clinical providers, and healthcare consumers are rapidly blurring. Modern patients actively seek information parity, financial transparency, and collaborative decision-making regarding their treatment pathways[14].

The patient-centered model pivots the organizational focus from procedural volume to Patient Value Creation through three primary mechanisms. First, it optimizes overall functional quality of life by achieving holistic health outcomes through the integration of traditional remedies, such as medical acupuncture for chronic pain management or standardized herbal therapies[6]. Second, it streamlines administrative workflows to enhance operational efficiency and cost optimization, ensuring that complementary therapies remain accessible, transparently priced, and affordable[2]. Finally, it establishes multi-actor governance by aligning clinical priorities among conventional medical specialists, licensed traditional practitioners, and hospital administrative leaders[8].

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Table 1. Synthesis Matrix of Primary Literature on Healthcare Marketing and Traditional Medicine Integration

Author & Year	Research Design	Main Focus	Key Findings & Strategic Implications
Aljaffary et al. (2021)	Cross-Sectional Survey	Patient Trust in Public vs. Private Physicians	Patient trust is heavily dictated by perceived clinical technical competence and empathetic physician communication.
Aljawadi et al. (2020)	Population-Based Survey	Utilization of Complementary & Alternative Medicine	High public adoption of complementary therapies requires formal institutional oversight and evidence-based safety communications.
Farah et al. (2020)	Cross-Sectional Study	Perceptions of Traditional Therapy Adoption	The main barrier to professional medical acceptance of traditional care is skepticism surrounding standardized clinical efficacy.
Hajdini et al. (2025)	Systematic Review	Marketing Technologies (MarTech) in Healthcare	MarTech integration (SEO, AI-CRM, omnichannel platforms) significantly improves value distribution and long-term patient engagement.
James et al. (2018)	Systematic Review	Traditional & Complementary Medicine Utilization	Integrating traditional care into formal facilities demands standardized licensing, practitioner accreditation, and patient safety safeguards.
Kim et al. (2008)	Quantitative Survey	Hospital Brand Equity & Perceived Risk	Hospital brand equity functions as a protective shield, dampening patients' emotional and perceived clinical risks.
Kumar et al. (2015)	Case Study & Survey	B2B Medical Referrals & Brand Equity	Hospital branding relies heavily on inter-professional medical trust (*referral sources*) and peer-recognized institutional standing.
Malshe et al. (2025)	Empirical Qualitative	Marketing Dispersion & Non-Marketing Employees (NMEs)	Identifies 3 core NME implementation barriers (*Idea Dilution, Tactical Disconnect, Enactment Discord*) and formulates counter-tactics.
Murtini (2026)	Qualitative Case Study	Business Communication & Hospital Image	Empathetic front-line communication and *moments of truth* build a hospital's reputation far more effectively than aggressive advertising.
Ravangard et al. (2020)	Cross-Sectional Survey	7Ps Marketing Mix in Hospital Selection	*Physical Evidence* and *People* are the strongest predictors of perceived service quality; direct promotion must avoid hard-selling.
Rukmini et al. (2019)	Conceptual Review	Innovative Traditional Healthcare Marketing	Strategic innovation requires the integration of digital technology, patient-centric delivery, and cross-sectoral clinical collaboration.
Ukoha & Stranieri (2019)	Narrative Review	Social Media Value in Healthcare	The organizational value of healthcare social media lies in audience engagement, evidence dissemination, and long-term reputation.
We Are Social (2024)	Digital Market Report	Indonesian Healthcare Consumer Digital Behavior	75% of patients select hospitals through online searches, and 66% actively evaluate Google Reviews before booking appointments.

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Table 2. Strategic Mapping of the 7Ps Mix to Hospital Image Dimensions for Traditional Care

Hospital Image Dimension	Relevant 7Ps Element	Strategic Implementation in Traditional Healthcare
Service Speed	*Process*	Integrated online scheduling bridging conventional and traditional clinics, minimizing patient wait times.
Equipment Adequacy	*Product & Physical Evidence*	Standardized hygienic treatment environments, single-use sterile acupuncture needles, and BPOM/Fitofarmaka certified herbal products.
Staff Competence	*People*	Fully credentialed traditional practitioners holding official Registration Certificates (STR) and formal clinical licenses.
Social Responsibility	*Promotion*	Community health literacy programs emphasizing preventive living and safe utilization of family herbal medicine (TOGA).
Service Equity	*Price & Place*	Transparent fee schedules; professional, respectful care delivered without socio-economic or insurance discrimination.

Aligning the 7Ps Marketing Mix with Hospital Image Dimensions

Applying the 7Ps marketing mix (*Product, Price, Place, Promotion, People, Process, Physical Evidence*) to traditional healthcare must rigorously comply with medical ethics while directly enhancing the Five Core Dimensions of Hospital Image in Table 2[13,15].

Innovative Integration of Marketing Technologies (MarTech)

Consumer decision-making in healthcare has definitively migrated online, as industry data reveal that 75% of Indonesian patients select hospitals based on digital search queries and 66% actively consult Google Reviews prior to clinical visits[16]. Introducing traditional hospital services into this digital landscape requires an advanced MarTech infrastructure to effectively engage modern consumers[1,17]. Search Engine Optimization (SEO) and evidence-based content marketing are foundational to this strategy, ensuring hospital web domains rank for key search terms such as "safe complementary medicine," "standardized phytomedicine," or "hospital acupuncture clinic." Furthermore, published content must present peer-reviewed empirical evidence to dismantle long-standing misconceptions that traditional medicine relies on unscientific or mystical practices[14].

To complement digital discovery, AI-driven Customer Relationship Management (CRM) platforms track patient care continuums, automate follow-up scheduling for complementary therapy sessions, and provide personalized medication reminders for herbal regimens[1]. This technological backbone is supported by multi-platform social media engagement tailored to specific audience demographics on Instagram, TikTok, Facebook, and YouTube. Visual infographics and short-form videos on Instagram and TikTok effectively demonstrate clinic hygiene, practitioner credentials, and general wellness tips to prospective patients. Meanwhile, YouTube is an ideal platform for in-depth educational webinars, practitioner profiles, and authentic, consent-backed patient recovery narratives.

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Psycho-Cultural Dynamics and Public Trust Building

Hospital-based traditional healthcare marketing must navigate several complex behavioral and psychological phenomena to effectively build public trust. One critical challenge is selective attention, wherein patients actively filter promotional messages and retain only the information that directly addresses their immediate fears or acute clinical needs. To overcome this barrier, marketing communications must provide precise, reassuring answers to core patient safety concerns, such as clarifying whether a specific herbal formulation is safe for renal function[5].

Another significant psychological hurdle is cognitive dissonance, which occurs when glowing promotional promises on digital platforms conflict with the service's physical reality[10]. For instance, encountering long queues or unhelpful staff after viewing polished online marketing can induce severe patient dissatisfaction. If left unmanaged, this disconnect generates negative digital feedback and severely damages institutional trust across online communities.

Culturally tailored communication strategies are paramount. For instance, leveraging regional cultural values—such as *Siri'* (dignity and honor in Bugis-Makassar culture) or familial harmony in Javanese traditions—enables branding narratives to frame hospital-based complementary care as a dignified, responsible approach to family health maintenance.

Navigating *Marketing Dispersion* and Managing Non-Marketing Employees (NMEs)

In hospital organizations, marketing execution extends far beyond the dedicated marketing department (*Marketing Dispersion*)[18]. Front-line clinical professionals—including physicians, nurses, pharmacists, and licensed traditional therapists—serve as Non-Marketing Employees (NMEs), whose direct patient interactions (moments of truth) shape brand perception[15].

Malshe et al. (2025) identify three critical barriers to NME implementation and their corresponding management counter-tactics in Table 3[18].

Table 3. Clinical Staff (NME) Marketing Barriers and Managerial Mitigation Tactics

NME Barrier	Root Cause	Problem Description	Managerial Mitigation Tactic
Idea Dilution	*Market Knowledge Deficiency*	Clinical staff lack understanding of traditional service brand strategy, diluting core messages during patient interactions.	Idea Catalysis: Involve physicians and therapists in co-creating service narratives to establish psychological *ownership*.
Tactical Disconnect	*Tactical Complexity Underestimation*	Clinicians dismiss communication details (e.g., explanations of herbal safety) as nonessential administrative tasks.	Complementary Positioning: Marketing teams provide digital brochures and communication toolkits to lighten staff communication burdens.
Enactment Discord	*Groundless In-Market Improvisation*	Clinical staff improvise service delivery inconsistently under heavy clinical workloads.	End-User Reframing: Guide NMEs to view patients holistically—not merely as clinical cases, but as humans seeking emotional security.

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DISCUSSION

Synthesis of Managerial and Hospital Administrative Implications

The qualitative synthesis of the literature indicates that failures in hospital-based traditional healthcare branding stem primarily from an overly narrow view that reduces marketing to external promotional campaigns[12,18]. In reality, successfully integrating traditional services demands structural alignment between clinical governance and service excellence.

Public trust (*public trust*) is built not through aggressive advertising claims, but through experiential consistency across all patient touchpoints[9,10]. When patients observe credentialed traditional practitioners working collaboratively with modern medical specialists in a professional, empathetic environment, cognitive dissonance is effectively prevented[8,15].

While *MarTech* investments in SEO and social media significantly expand initial brand reach and patient acquisition[16,17], long-term institutional *brand equity* remains anchored in the quality of clinical touchpoints delivered by front-line Non-Marketing Employees (NMEs)[11,18]. Hospital executives must therefore balance technological investments with ongoing interpersonal communication training for all clinical staff.

Hospital administrators are advised to operationalize this integration through three key measures to ensure quality and compliance. First, they must establish rigorous practitioner credentialing and integrative governance by verifying that all traditional health practitioners hold valid licenses (STR/STPT). This structure ensures practitioners operate within formal inter-professional teams alongside medical specialists in an integrative medicine framework[6].

In addition, administrators should implement real-time communication audits to continuously monitor digital feedback, such as Google Reviews, alongside patient satisfaction metrics. This systematic tracking allows hospital teams to rapidly remediate service gaps and prevent cognitive dissonance among healthcare consumers[17]. Finally, maintaining ethical marketing oversight is crucial for enforcing strict compliance across all promotional channels. Hospitals must avoid clinical over-claiming in their messaging and instead rely on validated empirical data and established regulatory guidelines[7,19].

Study Limitations

This narrative review presents several methodological limitations that should be considered when interpreting its findings. Primarily, the reviewed literature exhibits significant heterogeneity, spanning diverse study designs, including qualitative case studies, cross-sectional surveys, and technology reviews. This variation in methodology prevents quantitative statistical aggregation or meta-analysis across the studies.

Additionally, the efficacy of psycho-cultural framing in hospital branding is constrained by socio-cultural contextuality. Because these strategies rely heavily on regional demographics and local norms, the direct generalizability of specific cultural campaigns across different geographical regions remains limited[5]. Finally, there is a distinct gap in

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financial evaluation in the extant healthcare literature. Most studies focus predominantly on evaluating soft outcomes, such as public trust and hospital brand image, rather than providing rigorous financial metrics regarding direct Return on Investment (ROI).

CONCLUSION

Enhancing public acceptance and trust in hospital-based traditional healthcare requires an innovative, ethically grounded, and fully integrated branding and marketing framework. Successful integration rests upon five core pillars that guide institutional strategy. First, hospitals must transition to a patient-centered care model that generates tangible patient value. Second, aligning the expanded 7Ps marketing mix strengthens the five key dimensions of hospital brand image. Third, leveraging evidence-based MarTech platforms—such as SEO, AI-driven CRM, and social media—helps educate the public effectively. Fourth, navigating psycho-cultural dynamics minimizes social stigma and cognitive dissonance among consumers. Finally, aligning front-line clinical staff (NMEs) ensures consistent, empathetic experiences during every clinical moment of truth.

To operationalize these findings, actionable recommendations are provided for hospital leaders, marketers, and researchers. For hospital management, it is recommended to establish a formal Integrative Medicine Unit combining licensed traditional and conventional care, supported by mandatory service excellence and empathetic communication training for clinical staff. Meanwhile, hospital marketing teams should shift away from hard-sell promotional tactics toward evidence-based educational content marketing that highlights practitioner credentials and clinical safety profiles. Lastly, future researchers should conduct empirical quantitative studies to measure the direct financial Return on Investment (ROI) and patient retention rates associated with integrated traditional healthcare marketing campaigns.

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