



Healthcare Marketing in the Digital Era: Performance Measurement and Experiential Value in a Maternal and Child Hospital in Indonesia

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Abstract. *Healthcare marketing in the digital era is increasingly shaped by data-driven performance measurement and patient-centered experiential value, particularly in specialized settings such as maternal and child hospitals. This study examines how a private maternal and child hospital – RSIA Ananda Makassar – implements digital marketing within a value-based framework, focusing on its integration with performance measurement systems and experiential value creation for women and families. The research adopts a qualitative case study design using structured observation, semi-structured interviews with key marketing and clinical staff, and documentation analysis of digital content, service processes, and patient feedback mechanisms over a two-month period. Data were analyzed thematically to identify patterns in digital engagement, performance indicators, and experiential value dimensions. The findings reveal that Instagram, online booking, and WhatsApp-based consultation are the most effective digital channels in reaching young mothers, while QR-based satisfaction surveys and routine performance reviews support continuous improvement of marketing and service strategies. Patient trust and emotional bonding are strengthened through care-oriented communication, storytelling, and visible professionalism, reflecting experiential value in maternal and childcare. However, global outreach and systematic integration of performance data across units remain limited. The study concludes that successful digital healthcare marketing in a maternal and child hospital requires an integrated approach that aligns digital tools, robust performance measurement, and patient-centered experiential value to build trust and loyalty.*

Keywords: Digital Era; Experiential Value; Healthcare Marketing; Maternal and Child Hospital; Patient Experience

1. Introduction

Digitalization in healthcare has accelerated the shift in how hospitals design, deliver, and communicate service value to patients, especially since the COVID-19 pandemic, which drove the adoption of digital technologies in the health sector and reinforced the technology-driven service transformation agenda (Healthcare 4.0) (Sony et al., 2023; Sreejesh et al., 2021). In the context of maternal and child health (MCH), digital health technologies are also seen as promising for expanding access and improving the quality of integrated services – particularly in low- and middle-income countries – by strengthening care coordination, continuity of care, and evidence-based approaches (Collins et al., 2023; Sony et al., 2023). However, successful digital transformation does not depend on technology alone; it also hinges on socio-technical factors (e.g., organizational readiness, processes, human resources, and governance), which have been identified as key success factors for Healthcare 4.0 (Sony

et al., 2023), and on managing barriers to the use of health applications from a managerial perspective in MCH services (Widiasih et al., 2025).

At the same time, Indonesia's health system faces an ongoing need to improve MCH service performance through timely risk detection and referrals, because preventing maternal deaths requires integrated planning and identification of high-risk pregnancies (Sihotang & Hidayatullah, 2024). Literacy and the design of effective referral systems are also relevant to child nutrition challenges—for example, stunting prevention and recovery require protocols and cross-level coordination through tiered referral systems and early intervention (Sjarif, 2025). In addition, sustaining MCH programs after donor support ends requires stakeholder engagement (hospital managers, health offices, primary health centers, communities, and local authorities) to address financing transition and governance challenges (Aji et al., 2022). Thus, digital transformation and marketing strategies for MCH services should be situated within a broader framework of service performance and the sustainability of the wider MCH ecosystem.

Positioning this study within the 2030 Agenda, the focus on maternal and child health (MCH) service access, continuity, and quality directly relates to SDG 3 (Good Health and Well-Being), including Target 3.1 on reducing maternal mortality and Target 3.2 on ending preventable deaths of newborns and children under five. It is also closely aligned with SDG 5 (Gender Equality), which emphasizes empowering women and girls and includes commitments to ensure universal access to sexual and reproductive health and reproductive rights. Accordingly, examining how MCH hospitals integrate digital touchpoints (e.g., digital information, online booking, and app-enabled administration) with experience-centered marketing and measurable performance improvement can be framed not only as an organizational strategy, but also as a contribution to equitable, patient-centered progress toward these SDG targets (United Nations Department of Economic and Social Affairs, n.d.).

Within Indonesia's healthcare landscape, challenges in hospital access and utilization also indicate population segments that must be targeted more precisely to encourage utilization—especially in underserved areas—by considering socio-demographic determinants and travel barriers (Laksono et al., 2023). On the other hand, studies of private healthcare facilities in Indonesia highlight the need to increase private-sector utilization while maintaining service quality—an issue directly related to how hospitals manage value, quality, and patient experience as the basis for trust and service choice (Suwantika et al., 2023). Evidence from MCH services in Indonesia also shows that service quality is associated with pregnant women's satisfaction as an emotional response to the alignment of services with expectations and needs (Tandung et al., 2025). Practically, MCH hospitals—including maternal and child hospitals—need to connect the agenda of increasing service utilization, improving clinical quality, and enhancing patient satisfaction through marketing approaches that are relevant in the digital era.

Healthcare marketing in the digital era is increasingly shifting from one-way communication toward approaches that integrate digital and human-centric dimensions, emphasizing interactivity and customer experience as articulated in the Marketing 4.0 framework. In Indonesia's hospital industry, branding and interaction elements (e.g., identity, image, integrity, and brand interaction) have been shown to influence satisfaction and repurchase intention, with perceived value playing an important mediating role (Sihombing, 2025). These findings reinforce that value creation is not only related to clinical outcomes, but also to perceived value formed through service experiences and patient-hospital

relationships. In line with this, research on digital healthcare retail during COVID-19 isolation shows that service co-creation mediated by a sense of “presence” (spatial presence and co-presence) can shape service experience, which then affects relationship value and hospital patronage intention (Sreejesh et al., 2021). In other words, in digital-era MCH marketing, experience and experiential value are key mechanisms that bridge digital innovation and patient loyalty.

The concept of experiential value in maternity services is also closely linked to the “servicescape” (service environment), which provides cues to patients and can shape perceptions of quality. The development of the MATSCAPE instrument for maternity hospitals (based on user-generated content and psychometric testing) suggests that measuring maternity servicescapes can be made more contextual to consumer expectations and positioned as a tool to assess environmental factors that influence user perceptions (Batra et al., 2024). This perspective is relevant for maternal and child hospitals aiming to manage end-to-end patient experience—both at physical touchpoints (spaces, facilities, service processes) and digital touchpoints (apps, communication, and online interactions)—because both can shape perceived value and satisfaction (Batra et al., 2024; Sihombing, 2025; Sreejesh et al., 2021). However, qualitative evidence from Indonesia also indicates barriers to the use of health applications in maternity services from managers’ perspectives (e.g., collaboration, sustainability, and adoption issues), underscoring that creating valuable digital experiences requires orchestration across stakeholders (Sony et al., 2023; Widiasih et al., 2025).

The need to connect digital marketing with performance measurement is becoming more urgent because improvements in patient experience and perceived value must be demonstrated through accountable metrics. Literature on large-scale health data reporting in developing countries emphasizes that accurate facility data are often limited, even though they are crucial for quality improvement and clinical/public health program management; it also shows that relatively simple data collection systems can be implemented to produce reliable admission–outcome data (Duke et al., 2015). Moreover, empirical evidence from public health facilities (albeit in another national context) highlights the importance of assessing the relationship between efficiency and service quality, with quality proxied by maternal and neonatal mortality indicators—signaling that performance should not be assessed by productivity alone, but must also be linked to quality indicators (Bashir et al., 2022). Although Pakistan’s context differs from Indonesia’s, the conceptual argument for testing the efficiency–quality relationship remains relevant for designing more balanced performance measurement frameworks, particularly for MCH services that are highly sensitive to quality.

Based on this foundation, there is a research gap in integrating: (i) digital-era healthcare marketing (Marketing 4.0 and co-creation), (ii) strong data-driven performance measurement, and (iii) experiential value shaped by servicescape and digital experiences—specifically in the context of maternal and child hospitals in Indonesia. Therefore, this study is directed toward developing a more integrated understanding of how maternal and child hospitals in Indonesia can measure marketing and service performance in the digital era by linking it to experiential value creation, satisfaction, and patient behavior, while considering the challenges of digital implementation in maternity services and the governance and stakeholder engagement needs within the broader MCH ecosystem. By positioning patient experience as an operational object of measurement (e.g., through servicescape and digital experience constructs) and connecting it to measurable service performance metrics, this

study is expected to contribute to the development of evidence-based MCH marketing strategies aligned with the digital transformation agenda in healthcare services.

2. Methods

2.1 Study design

This study employed a qualitative single-case study design to explore healthcare marketing in the digital era, with an emphasis on (i) performance measurement and (ii) experiential value in a maternal and child hospital in Indonesia.

2.2 Study setting and unit of analysis

The research was conducted at RSIA Ananda Makassar, a private maternal and child hospital (type C, accredited Madya by the Indonesian Ministry of Health). The unit of analysis was the hospital's digital-era marketing practice as an integrated system, including (1) digital platforms and service innovations, (2) marketing performance measurement routines, (3) early global marketing readiness, and (4) value-based/experiential marketing mechanisms that contribute to patient trust.

2.3 Participants and sampling (interviews)

Participants were recruited using **purposive sampling** to capture perspectives from key roles directly involved in marketing, service delivery, and evaluation (e.g., head of marketing/marketing unit; head of quality/improvement; IT support; selected frontline clinical/service representatives). Interviews continued until the data were judged to provide sufficient information across the four analytic domains (technology & innovation; performance measurement; global marketing readiness; value-based/experiential marketing).

2.4 Data sources and data collection

Data collection was carried out in November 2025 and relied on triangulation of three sources:

2.4.1 Structured observation

A structured observation checklist was used to record observable evidence under four domains across multiple service areas (reception, waiting areas, cashier/service counters, digital displays, and visible patient flow points):

- *Technology & innovation*: presence and use of website, hospital application, Instagram/Facebook/YouTube; online registration; WhatsApp consultation; EMR/RME; visible content categories (education, service promotion, staff activity/training).
- *Performance measurement*: observed indicators and reporting routines; patient feedback tools (QR/barcode satisfaction survey placement and use); complaint-handling pathways and follow-up processes.
- *Global marketing readiness*: availability of multilingual information; readiness of digital payment (e.g., QRIS); evidence of facilitation for non-local patients (services, partnerships, navigation support).
- *Value-based/experiential marketing*: articulation of values (e.g., "Melayani dengan Tulus", care-trust-compassion); patient education and testimonial practices;

professionalism cues; ethical boundaries in communicating clinical quality/outcomes.

Field notes were produced for each observation session to document what occurred, where it occurred, and how it mapped to the checklist.

2.4.2 Semi-structured interviews

A semi-structured interview guide was organized around the same four domains. Questions explored (a) how digital platforms are chosen and managed, (b) what indicators define marketing success and how evaluations are acted upon, (c) readiness and constraints for non-local/international markets, and (d) how the hospital defines “value” and builds patient trust through patient experience and evidence of quality. Interviews were audio-recorded with permission, transcribed verbatim, and de-identified before analysis.

2.4.3 Document review

Documents included digital artifacts and materials relevant to marketing and patient experience (e.g., website pages and social media posts, screenshots of content/engagement features, patient feedback forms/QR survey displays, and internal materials describing evaluation routines when available). Documents were used to corroborate and contextualize interview and observation findings.

2.5 Data analysis

Data were analyzed using thematic analysis following Braun and Clarke’s framework. Analysis proceeded through: familiarization with transcripts and field notes; initial coding; grouping codes into candidate themes; reviewing themes against the full dataset; defining and naming themes; and producing the final results narrative supported by illustrative quotations. Integration across sources was conducted via triangulation, comparing convergence and divergence between interviews, observations, and documents for each theme, and retaining discrepant evidence as analytically informative rather than treating it as error.

3. Results and Discussion

3.1 Results

Data from semi-structured interviews, structured observation across service areas, and document review were triangulated and analyzed thematically, yielding four themes that illustrate RSIA Ananda's digital-era healthcare marketing practices. Themes are presented with integrated evidence from all sources, supported by verbatim quotes where illustrative.

Theme 1: Technology and marketing innovation

Structured observation confirmed the presence of multiple digital platforms as primary marketing channels: official website, hospital application (“By Ananda”), Instagram, Facebook, and YouTube. Instagram emerged as the most visible and strategically emphasized platform, with observed content heavily targeting young/millennial mothers through educational posts (maternal-child health), flagship service promotions (e.g., USG 4D), and staff training/activity highlights—predominantly visual/educational formats. Service innovations were also observable: online registration kiosks/screens, WhatsApp consultation signage, and EMR/RME integration points at clinical stations.

Interviews corroborated these observations, with informants describing digital technology as both promotional and operational:

"RSIA Ananda sudah mulai memanfaatkan teknologi digital... bekerja sama bersama perusahaan, pihak asuransi, dan memanfaatkan media sosial seperti Instagram serta website... dari sisi pelayanan... sudah menggunakan sistem Electronic Medical Record EMR." For BPJS patients, interviews added system connectivity details (E-SKTP/Sisrute) that facilitate online referrals from primary care, easing patient pathways.

Challenges were consistently noted across sources: staff adaptation (especially senior clinicians) and network reliability issues, addressed through observed IT team support and training sessions. Document review and interviews pointed to future opportunities for interactive/multilingual content expansion within 1-2 years.

Theme 2: Marketing performance measurement

Observation identified concrete performance indicators in use: patient volume tracking (especially non-BPJS/general patients), non-BPJS revenue displays, website traffic metrics on digital dashboards, and social media engagement summaries. Patient feedback mechanisms were prominent, with QR/barcode satisfaction surveys positioned at cashier/service counters; complaint logs and quality team notices indicated routine processing (monthly marketing reviews; quarterly quality evaluations).

Interviews aligned with and elaborated these systems, defining success through monthly patient growth and revenue targets:

"Menilai keberhasilan pemasaran berdasarkan peningkatan jumlah pasien dan pencapaian target pendapatan setiap bulannya... evaluasi kinerja secara rutin melalui laporan bulanan... jika target tidak tercapai, dilakukan analisis untuk mencari penyebabnya."

A critical insight was capacity-constrained promotion: campaigns (e.g., USG 4D discounts) are effective but paused if demand risks service overload and disappointment. Results feed continuous improvement:

"Hasil promosi selalu dijadikan bahan perbaikan strategi... agar kegiatan pemasaran berikutnya lebih tepat sasaran dan kepuasan pasien tetap terjaga."

Cross-unit complaint resolution was observed and described as rapid, with evaluation outputs shared internally to refine future strategies. Improvement gaps noted included siloed digital systems and the need for integrated dashboards/reputation management.

Theme 3: Global health marketing (current status and readiness)

Observation revealed no routine evidence of foreign/expatriate patient targeting or dedicated international strategies: promotional materials were monolingual (Bahasa Indonesia), with no multilingual signage/content. Early readiness indicators were present: QRIS digital payment availability and staff with observed foreign-language capability (English signage noted). No international insurer partnerships, medical travel agents, or accreditations (JCI/ISO) were evident.

Interviews confirmed local-market focus while identifying foundational capabilities: "RSIA Ananda saat ini masih berfokus pada pelayanan lokal... namun telah memiliki dasar yang dapat dikembangkan menuju arah pemasaran global... mekanisme penerjemahan... dengan melibatkan staf yang memahami bahasa daerah atau bahasa asing."

Practical non-local support was highlighted through external partnerships: "Kerja sama eksternal... dengan Hotel Sheraton di Makassar untuk memfasilitasi pasien dari luar daerah... menunjukkan kepedulian terhadap kenyamanan pasien dan keluarga."

Convergence across sources identified opportunities: multilingual content, pre-visit teleconsultation, and experience-based service packages as medical tourism foundations.

Theme 4: Value-based marketing (experiential value → patient trust)

Observation documented an explicit value framework: "Melayani dengan Tulus" prominently displayed alongside care-trust-compassion messaging. Patient experience was central, manifested in educational content (delivery/postpartum care, maternal-infant safety), "My Ananda" testimonials, and professionalism cues (staff credentials/training posts). Emotional storytelling for pregnant/postpartum support was recurrent, creating relational closeness. Ethical boundaries were evident: no public clinical outcome statistics, prioritizing privacy-compliant narratives.

Interviews framed value-based marketing as quality proof through evidence and lived experience:

"RSIA Ananda menerapkan strategi pemasaran yang berfokus pada pembuktian mutu layanan melalui data, evaluasi, dan pengalaman nyata pasien... melalui aplikasi By Ananda, pasien dapat menilai pelayanan yang diterima."

National accreditation was positioned as institutional legitimacy, with effectiveness tracked via medical records and repeat visits:

"Kualitas layanan dijaga melalui proses akreditasi nasional... efektivitas promosi dinilai melalui data rekam medis serta tingkat loyalitas pasien yang kembali menggunakan layanan."

Social media served education/relationship-building, reinforced by personal marketing team engagement and testimonials:

"Media sosial dimanfaatkan sebagai sarana komunikasi dan edukasi kesehatan... hubungan personal yang dijaga oleh tim pemasaran dan testimoni positif pasien... menjadi bukti nyata keberhasilan."

Table 1. Triangulated summary matrix (observation ↔ interview)

Theme	Structured observation (what was seen)	Interviews (what was stated)	Integrated meaning
Technology & innovation	Website, app, Instagram/Facebook/YouTube; online registration; WhatsApp consult; EMR/RME; educational & visual content; SDM training posts	Digital tech + social media/website used for interaction; EMR; BPJS referral connectivity (E-SKTP/Sisrute)	Digital marketing is tied to service redesign, not only promotion
Performance measurement	Indicators: non-BPJS patients/revenue, traffic, engagement; QR/barcode satisfaction survey; monthly marketing + quarterly quality review	Monthly patient and revenue targets; routine monthly reports; promotion evaluated and refined; promotion paused to avoid disappointment	Measurement governs growth while protecting experience capacity
Global marketing	No routine foreign segment; QRIS; some foreign-language capacity; no multilingual promo; no	Local focus; translation via staff (local/foreign languages); hotel	"Readiness before acquisition": capability

	international partners/accreditation	facilitation for out-of-area patients	building precedes international push
Value-based marketing	“Melayani dengan Tulus”; care-trust-compassion; education, testimonials, professionalism; emotional storytelling; ethical limits on clinical stats	Value proven via data/evaluation/real experience; patient rating via “By Ananda”; accreditation as proof of quality; trust built via education + testimonials	Experiential value is the pathway from digital touchpoints to patient trust

Table 1 presents a triangulation matrix comparing observation and interview data to check the consistency of findings across the main themes. It summarizes what was observed versus what participants stated and provides an integrated meaning that supports the interpretation in the discussion section.

3.2. Discussion

This study examined how a maternal and child hospital in Indonesia operationalizes healthcare marketing in the digital era by linking (1) technology and marketing innovation, (2) performance measurement, (3) early global-market readiness, and (4) value-based/experiential marketing to the formation of patient trust. To strengthen the credibility of the interpretation, Table 3.1 (Triangulated summary matrix) consolidates the convergence between structured observations and interview accounts across these four themes, and the discussion in this section draws directly on its “integrated meaning” column to structure the interpretation. Triangulation is particularly important in qualitative inquiry because it helps confirm patterns across data sources and reduces the risk of relying on a single perspective. The findings indicate that digital marketing effectiveness is best understood not as a communication function alone, but as an integrated socio-technical system that connects digital touchpoints with redesigned service processes, feedback routines, and consistent experiential cues across the patient journey.

Theme 1. Technology & innovation: Digital marketing as part of *service redesign*

Findings from the structured observation and interviews indicate that RSIA Ananda’s digital marketing ecosystem does not operate merely as a promotional activity, but is integrated with *service redesign*. This integration is reflected in the use of the website/app and social media channels for education and interaction; online registration; WhatsApp-based consultation; the use of EMR/RME; and BPJS referral connectivity (e.g., referral platforms), which together shape a continuum of patient experience from pre-visit through post-service. This pattern reinforces the argument that effective healthcare marketing in the digital era should be embedded in service processes and patient experience, rather than simply increasing promotional “exposure.”

Conceptually, these findings align with the notion that digital transformation in healthcare (Healthcare 4.0) requires orchestration of both technical and social factors (processes, human resources, and governance), rather than the adoption of digital tools alone (Sony et al., 2023). In maternal and child health services, the literature likewise emphasizes

the “promise” of digital health technologies to expand access and improve the quality of integrated services when they are evidence-informed and embedded within a clear *care model* (Collins et al., 2023). Accordingly, this study strengthens the position that “digital marketing” in maternal and child hospitals is more meaningful when it is anchored in operational innovation and integrated service pathways, rather than confined to marketing communications.

The observed emphasis on staff training and the predominance of educational–visual content can be interpreted as a response to socio-technical challenges commonly encountered in the digitalization of maternal and child health services. Qualitative research on health applications in Indonesian maternity services suggests that sustainability and usability are shaped by facility and network constraints, workforce competence, and the standardization of monitoring and evaluation; consequently, multisectoral collaboration becomes necessary (Widiasih et al., 2025). This perspective is consistent with the Healthcare 4.0 agenda that positions organizational readiness and competencies as prerequisites for successful implementation (Sony et al., 2023)

At the level of patient experience, the integration of digital channels for consultation and interaction can be explained through the lens of *technology-enabled co-creation*. Empirical evidence from hospital settings (India) indicates that technology-mediated co-creation can enhance *service experience* through “presence” mechanisms (particularly *co-presence*), which subsequently shape *relationship value* and *patronage intention* (Sreejesh et al., 2021). Thus, digital touchpoints (e.g., WhatsApp consultation and educational content) may generate relational value when their design preserves a sense of *human presence* within clinical interactions.

Theme 2. Performance measurement: Metric-governed growth while protecting experience capacity

Empirically, RSIA Ananda operationalizes marketing performance measurement through indicators such as non-BPJS patient volume/revenue, web traffic and engagement metrics, QR/barcode-based satisfaction surveys, and routine evaluation cycles (monthly marketing meetings and quarterly quality meetings). These practices are salient because the literature emphasizes that quality improvement and clinical program management require accurate and actionable facility-level data; yet in many LMIC contexts, such data are often unavailable or costly when reliant on highly resource-intensive classification systems (Duke et al., 2015). By analogy, QR-based satisfaction surveys and routine reporting at RSIA Ananda can be positioned as “data infrastructure” that enables marketing and service quality management to operate on evidence rather than intuition, provided that indicators are applied consistently and followed by corrective actions (Duke et al., 2015; Sony et al., 2023)

Interviews further revealed a managerial logic of “holding back promotions” to avoid patient disappointment when service experience capacity is not yet ready. Conceptually, this approach aligns with the view that facility performance should not be assessed solely through efficiency/volume, but should be linked to outcome quality, given the policy and managerial implications of the efficiency–quality relationship (Bashir et al., 2022). Although Bashir et al. (2022) draw on Pakistan’s context, the argument that output expansion must be paired with quality protection remains relevant for maternal and child services that are highly quality-sensitive. In Indonesia, evidence suggests that service quality dimensions (tangibility, reliability, responsiveness, assurance, empathy) are significantly associated with pregnant

women's satisfaction as an emotional response to the fit between services and expectations (Tandung et al., 2025). Therefore, aligning promotional intensity with service capacity readiness can be interpreted as a strategy to protect *experiential outcomes* (satisfaction), which in turn relate to loyalty and repeat visits within a services marketing framework, while also preventing "marketing promises" from exceeding the experience patients actually receive.

Theme 3. Global marketing: Readiness before acquisition as a realistic strategy

The findings indicate that RSIA Ananda does not yet have a routine foreign patient segment; global readiness remains limited (e.g., QRIS, language support through staff, hotel facilitation for out-of-area patients), with no systematic multilingual promotion and no international partnerships/accreditations. Theoretically, international marketing emphasizes multilingual communication and localization to ensure cross-country audiences receive relevant experiences (Kioko, 2018). Research on foreign languages in advertising also conceptualizes language as a symbol, a cognitive process, and a form of accommodation to audiences; thus, language choices influence cross-cultural message reception (C. Endong & Ndobso Essoh, 2019). Accordingly, the absence of a formal multilingual strategy may help explain why an international "push" is not yet a priority, while also underscoring that cross-language communication capability is part of market expansion readiness.

Conversely, the hospital's local focus may be interpreted as consistent with socio-technical readiness principles and internal capacity-building prior to expansion. Studies on barriers to health application use in Indonesian maternal services highlight workforce and infrastructure constraints and the lack of standardized monitoring-evaluation as prerequisites for stable digital transformation (Widiasih et al., 2025). Healthcare 4.0 literature similarly stresses the need to manage critical implementation factors (including competence and governance) so that digital transformation generates value rather than operational burden (Sony et al., 2023). Therefore, the *readiness before acquisition* theme can be understood as a *sequencing strategy*: building foundational processes, workforce readiness, and measurement systems first, and only then increasing exposure to global segments with more controlled experience-related risks.

Theme 4. Value-based marketing: Experiential value as the pathway from digital touchpoints to patient trust

The hospital's articulated values ("Melayani dengan Tulus"; care-trust-compassion) are enacted through education, testimonials, and the highlighting of professionalism, alongside ethical constraints on publishing clinical statistics. In Indonesia's hospital industry, the Marketing 4.0 framework suggests that branding elements (identity, image, integrity, interaction) influence satisfaction and repurchase intention, with *perceived value* serving as an important mediator (Sihombing, 2025). This supports the interpretation that value-based marketing in maternal and child hospitals is not merely a "narrative," but must translate into perceived value experienced by patients through service delivery that is consistent with the brand promise. Consistent with reviews of experiential marketing in Indonesian hospitals, patient experience can contribute to satisfaction and loyalty through trust mechanisms; thus, strengthening *experiential value* becomes a strategic pathway toward *patient trust*.

In digital channels, evidence from digital healthcare retail indicates that technology-mediated service co-creation shapes *service experience* and subsequently increases *relationship value* and *patronage intention* (Sreejesh et al., 2021). Hence, experiential value can be

conceptualized as the mechanism linking digital touchpoints (education, consultation, interaction) to trust and loyalty-related behaviors (Sihombing, 2025; Sreejesh et al., 2021). The strengthening of Instagram as the primary channel is also consistent with evidence from Indonesian maternal–child hospitals that Instagram can be effective across the patient decision pathway from awareness to advocacy, particularly when content is informative and relevant.

Moreover, maternity service experience can be mapped through the *servicescape* concept. The MATSCAPE instrument suggests that physical and social cues in maternity hospitals can be measured contextually in line with consumer expectations and used to assess environmental factors shaping user perceptions (Batra et al., 2024). Integrating MATSCAPE with the present study’s findings implies that experiential value in maternal and child hospitals is hybrid – formed by the physical servicescape (space/facilities), the social servicescape (staff interactions), and digital experience (co-creation, education, communication). From the standpoint of public feedback, analyses of online reviews for maternal and child hospitals (e.g., Google reviews) may provide signals of *patient-reported experience*, although validity and representativeness must be addressed through careful evaluation design (Androshchuk, 2024; Duke et al., 2015)

Implicative synthesis: A conceptual model proposition

Integrating the four themes, this study yields four propositions. First, digital marketing is most effective when coupled with service redesign and integrated service pathways (the Healthcare 4.0 logic), thereby allowing marketing and service delivery to function as a single continuum of patient experience. Second, market growth should be governed through performance measurement and experience-quality protection so that promotional activities do not exceed service capacity and erode trust. Third, global expansion requires multilingual communication readiness and operational capabilities prior to foreign patient acquisition (*readiness before acquisition*). Fourth, the creation of experiential value – through services, servicescapes, and digital co-creation – constitutes the primary pathway for building patient trust and loyalty.

Conclusions

This qualitative case study at RSIA Ananda Makassar indicates that healthcare marketing in the digital era is most effective when digital channels (website, mobile application, Instagram, WhatsApp, and online booking) are positioned both as promotional media and as service-access infrastructure that strengthens the patient experience.

Marketing performance measurement (non-BPJS patient volume, non-BPJS revenue, website traffic, and social media engagement) and feedback mechanisms (QR/barcode-based satisfaction surveys and cross-unit complaint follow-up) function as a continuous improvement “loop,” including capacity control through temporarily pausing promotions to prevent expectation–experience gaps.

The core value of “Melayani dengan Tulus” (care–trust–compassion) is operationalized through maternal–child educational content, storytelling, patient testimonials, and the highlighting of health professionals’ competence. Collectively, these practices build experiential value and reinforce patient trust, consistent with the view that strong healthcare marketing should be directly connected to improving consumer/patient experience.

Regarding global marketing, RSIA Ananda remains locally oriented but demonstrates early readiness (multilingual-capable staff and digital payment systems) and gradual opportunities to build a patient-experience-based medical tourism foundation through multilingual content and pre-visit teleconsultation, in line with broader system directions toward digitalization and value-based approaches.

The main limitation of this study is its focus on a single hospital and the predominance of managerial perspectives. Future research should add patient/family interviews, compare multiple maternal and child hospitals, and test the relationships between digital indicators and patient satisfaction and repeat visits.

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Conflicts of Interest

The authors declare no conflict of interest

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