

# Behavioural Economics and Digital Healthcare Marketing in Patient Choice: Understanding Trust, Nudges, and Digital Engagement in Hospital Selection and Healthcare Utilisation

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## ABSTRACT

### Introduction

Digital information environments are now shaping patients' selection of healthcare providers, allowing them to research hospitals and consultants, and to consider cost, convenience, access, and reputation indicators before accessing care. Patients rarely act rationally in choice models; they usually face uncertainty due to information asymmetry and time pressure. This means that by the time a patient is ready to assess a provider's clinical quality, they may have already built a relationship. This means patients do not have much time to assess a healthcare provider's clinical quality before they've developed a relationship with that provider. To reduce both uncertainty and perceived risk in their healthcare decision-making, patients use trust signals, online review sites, social proof, and other methods. Digital presence, including search engine results, hospital-consultant websites, consultant profiles, appointment platform websites, and social media pages, is essential and pivotal to the overall perception of credibility and preference for healthcare services.

**Objectives:** The aim of this narrative review was to investigate the role of behaviour economics in the healthcare decision-making process, hospital selection, and patients' utilisation of healthcare services, and to identify possible barriers, facilitators, and practical steps for healthcare organisations.

**Method:** The research used a narrative literature review, drawing on PubMed/MEDLINE, Scopus, Web of Science, ScienceDirect, Emerald, and Google Scholar. The published peer-reviewed papers spanning 2015–26 were included in the review, and seminal research papers were also included to provide the theoretical basis for the research. The emphasis was mainly on literature in health services research, medical informatics, public health, and health care service management, including studies on trust, online reputation, digital engagement, appointment systems, behaviours, and decision-making processes.

**Results:** The literature shows that patients make decisions based on trust, the reputation of the hospital/providers, reviews, the hospital's digital accessibility, convenience (place, time, or ease of use), wait time, and social proof. The four key behavioural mechanisms are loss aversion, framing effects, availability bias, and social norms. Digital influences encompass the quality of web pages, online scheduling systems, reputation signals, and multichannel engagement, which together result in care-seeking behaviour and a sense of credibility.

**Conclusion:** Behavioural economics is a valid tool for understanding patient behaviour in the online healthcare service purchasing process and for identifying how digital marketing can build trust and reduce consumer friction. Digital marketing strategies and tactics that effectively boost patients' utilisation of health services are even more powerful when applied ethically and with a view to promoting patient-centred care. These digital marketing strategies can be most effective when healthcare providers (like hospitals) partner

closely with their marketing expert(s) on reputation management and share their expertise, give patients accurate information about their health, and make services accessible to patients in an easy-to-use way so they can make informed choices about their health.

**Keywords:** Behavioural economics; hospital choice; digital health marketing; patient decision-making; online reputation; nudging; healthcare branding; trust; choice architecture.

## INTRODUCTION

In the digital age of healthcare, prospective patients can look up details about hospitals and doctors, including their locations, the types of procedures they offer, average costs, wait times, and patient reviews, before calling to schedule an appointment. The information available to patients about hospitals and doctors, such as websites, social media pages, appointment-booking systems, and telehealth services, is playing a greater role in shaping patients' perceptions of the quality, trust, and access to health care services.

According to traditional economic theory, individuals will make a perfectly rational choice based on a complete set of information. But the decision-making process is usually complex, with several factors that can affect it, such as emotional strain, time pressure, uncertainty about the complexity of the healthcare decision, and a lack of reliable assessment of the quality of healthcare service provision. Patients are not always able to assess the quality of care a health care facility provides, and their choice of facility is influenced by many factors, including the facility's reputation, brand name, patient reviews, patient experience, convenience, and ease of access. This challenge reflects the credibility of healthcare services and the need for patient-centred decision-making (Berwick, 2009; Barry & Edgman-Levitan, 2012).

The field of behavioural economics can help us understand decision-making and how mental shortcuts, social influences, trust cues, and framing affect individuals' decisions. The use of behavioural economics to healthcare decisions about uncertainty, bounded rationality and information asymmetry has been broad (Carminati, 2020; Hallek et al., 2022). Criticisms are more likely to influence people than positive reviews. Also, referrals to others often enhance trust in a provider, and when a provider is not known, this trust is especially significant, as it is hard for the patient to judge the quality of the healthcare services offered without prior experience. The level of trust in the physicians providing care can be gauged by evidence of the physicians' credibility, the department's reputation, and/or patient reviews.

Digital solutions help to increase convenience and create more time for waiting, travelling, and scheduling appointments, which can make healthcare services more accessible. Although digital platforms have become more widely used to deliver healthcare services, there is a lack of clarity about how existing best practices in behavioural economics, digital health, healthcare management, and healthcare marketing are integrated. Incorporating these pre-existing viewpoints can help clarify patients' perceptions of health care providers, their feelings of uncertainty when interacting with them, and their behaviour when seeking health care in the digitally mediated environment. The aim of this narrative review is to give an overview of the role of behaviours and digital factors in decisions and utilisation of health care services.

### Aim and Objectives

The aim of this review is to uncover the potential influence of digital health marketing and behavioural economics on, and shaping of, patient decisions, the choice of consultants, the choice of hospital, and the choice of healthcare. The primary purpose of this review is to determine the behavioural factors that influence patient choice of a hospital, the barriers to service utilisation, and how patients make choices in the face of digital marketing. The secondary objectives of this review are to identify positive factors that attract patients to hospitals, evidence of behavioural interventions used in healthcare marketing, and to develop a conceptual framework for future empirical modelling of the patient-hospital relationship.

### Research Questions

How do patients choose hospitals/consultants in the increasingly digital health care market? What are the most important principles of behavioural economics that have a significant impact on patient decisions regarding health care services? Which digital marketing elements, like online visibility, reviews, social media marketing, and site quality, influence patient choice and convert them to service utilisation? What are some challenges that stop patients from using health care services or choosing a specific health care provider? Lastly, what interventions and strategies can enhance hospital attractiveness, boost patient trust, and improve hospitals' capacity to attract, engage, and retain patients, as well as to facilitate effective healthcare service delivery?

## Theoretical Background

In behavioural economics, several factors are taken into account when considering patients' decision-making within the healthcare system. Because of factors such as limited rationality and situational factors. All of these dimensions are compounded by uncertainty, information asymmetry, the need for care and emotional salience of seeking medical assistance. Patients are especially sensitive to the way an option is presented, whether it is the default option, salience, or rapport they have established with their provider when deciding on their healthcare options. Aside from trust and confident belief in the quality of care, other aspects are also equally significant - the quality of care is hard to prove after the delivery of healthcare services (as the service is a credence service). Online medical forums illustrate how trust affects the patient-provider relationship across three types: ability, benevolence, and integrity. In addition, review and ongoing follow-up with patients after diagnosis offer a valuable learning opportunity for both parties in the patient-provider relationship, as these interactions are conducted online. By traversing the digital patient journey, patients can learn more about a provider, validate their findings, and convert their trust into confidence in the provider prior to their first appointment.

## Theoretical Framework

The theories of “Prospect Theory” and “Nudge Theory” are included in the research to illustrate how they influence patients' decision-making regarding their healthcare provider in a digital environment. Kahneman and Tversky's (1979) Prospect Theory posits that outcomes are judged relative to a reference point and that losses have a greater impact on feelings than equivalent gains. In the Healthcare sector, the context for patients is more likely than not going to include some risk to the patient, some emotional stress and/or clinical risk associated with their healthcare decisions. As such, with patients' decisions typically being based more on their avoidance of perceived loss than on the maximisation of their expected utility, the selection of a healthcare provider will typically reflect the degree to which there are cues available to the patient that assist them in evaluating the possible loss associated with any given healthcare provider's services, such as the healthcare provider's reputation, a healthcare provider's credentials, the healthcare provider's accreditation, online ratings, testimonials, and visual indicators of service reliability. These concepts have subsequently been extended in the fields of health behaviour interventions and healthcare decision environments (Vlaev et al., 2019).

Thaler & Sunstein's Nudge Theory illustrates how seemingly insignificant changes to the choice environment can subtly affect decision-making, without limiting freedom of choice. This is particularly important in the healthcare environment, since most patients are in cognitive overload, have low health literacy, and are under tight time constraints when making decisions about their healthcare provider. As a result, many of the features in Digital Platforms (such as Appointment Reminders, streamlined Booking Pathways, Default Options, Consultant Recommendations, Review Options, Personalised Communication, etc.) will be used to help provide salience and reduce friction to have patients make informed and timely healthcare decisions as “choice architecture(s).” The two theories - Prospect Theory and Nudge Theory in a combined form represent an integrated theoretical model which provides a clearer understanding of the impact of Digital Marketing on patient behaviour.

Prospect Theory can be used to understand why patients are so sensitive to perceived risks, uncertainty and/or negative signals, and Nudge Theory can be used to understand how Digital Touch points can guide patients on where to focus their attention, how to build trust in their healthcare provider and how to take certain action when choosing their healthcare provider. In this context, trust serves as a mediating mechanism linking digital

engagement to consultant preference, hospital selection, booking intent, and service utilisation. In this context, theoretical frameworks can be of great help in understanding the impact of digital healthcare Marketing and Behavioural Economics on consumer behaviour in the modern healthcare system.

The Technology Acceptance Model (TAM), Unified Theory of Acceptance and Use of Technology (UTAUT) and Trust Theory are some models commonly used in the field of research on Digital Health, but these models will not be discussed as prime theoretical foundations in this review because their scope of explanation is narrower than that of other models discussed in this work. Both TAM and UTAUT clearly emphasise technology adoption and technology use behaviour by constructs such as perceived usefulness, perceived ease of use, performance expectancy and facilitating conditions. Theories, therefore, help to explain why people accept new digital health technologies, but don't explain how patients will assess their risk; how patients will interpret uncertainty; how they will process and evaluate the location where they will obtain their care from; or why they will select a hospital/consultant when utilising digitally-mediated healthcare services. Moreover, Trust Theory explains how Confidence is formed between patients and health care professionals; however, in this review, trust is used as an outcome and as a mediator between the variables. As such, both Prospect Theory and Nudge Theory are less specific than the three preceding theories, but they offer a broader range of insights into patient decision-making and behaviour in uncertain settings. Hence, the following points can be learnt regarding Digital Health Marketing, Patient Behavioural Triggers, the Development of Trust within the Digital Healthcare Environment, and the Use of Digital Health Services by Patients from both the Perspectives of Prospect Theory and Nudge Theory.

### **Digital Healthcare Marketing Framework**

Digital marketing is not only effective in marketing a healthcare service to patients, but can also be integrated with other promotional methods and tools to manage the discoverability, credibility, convenience and continuity of a healthcare service. Based on the analysis of patient decision-making research, Search Visibility, Online Reputation Management, Consultant Profile, Website Usability, Educational Content, Appointment System Design and Follow-Up after Engagement are the most influential factors in patients' provider selection. By leveraging these factors, patients can locate and evaluate providers before making their decision. This model can be considered behavioural, meaning that patients will experience four distinct levels before choosing a provider. The first layer is Visibility, which refers to whether the provider is included in the patient's "Consideration Set". The second layer is the validation layer, which reflects the extent to which the patient believes the provider is valid (based on patient reviews, reputation, and consistency of information across digital channels). The third Layer, the conversion, will measure how easily patients can transition from being interested to being booked with the provider, through quick booking, quick response communication, and low-friction pathways to access the provider's office or institution. The fourth Layer, retention, is linked to the extent to which the actual experience of care matches patients' expectations prior to seeking care. Digital marketing can be a tool for communicating with potential patients, but it can also be part of a multi-layered strategy that builds trust, reduces uncertainty, and increases the likelihood that patients will use health services when all these layers are aligned. In service quality research, it has been suggested that patients evaluate service providers in terms of both the technical and functional aspects of service delivery (Dagger et al., 2007).

## **METHODS**

### **Design**

To synthesise evidence from various disciplines on the role of behavioural economics and digital healthcare marketing in informing patients' decisions, this study employed a narrative review methodology. Therefore, the goal of the study was to integrate findings from health services research, digital health, medical informatics, service marketing, and behavioural decision-making to develop a conceptual matrix of the factors influencing hospitals' service selections, consultants' preferences, and service usage rates. A narrative synthesis method was considered more appropriate than a meta-analysis because there was substantial variation in how the outcomes were designed and defined, and many contexts were involved. It is important to note, for this review, that numerous disciplines influence healthcare decision-making and that the digital world has introduced

significant challenges to safe and effective patient care. In health-related contexts, there are several influences on patient choice, such as: (a) Patients' capacity to choose; (b) Technology used in health care delivery; (c) The role of the manager and management in health care delivery; and (d) The role of information in assisting patients to connect to appropriate health care services. As part of the evidence gathered for the review, knowledge has been drawn from a variety of disciplinary sources to illustrate the links between trust and patient choice, and the impact of trust and other factors on patients' engagement with their health care providers. It is important not to restrict our evidence sources to a single discipline, such as behavioural economics or health services research, if we are to fully understand the complexity of these relationships. This would increase the risk of missing important dynamic pathways through which trust, digital engagement, access, and reputation interact to shape patients' use of healthcare services.

### Data sources

The goal of transparency and reproducibility was achieved through a systematic literature search across 6 electronic databases (PubMed/MEDLINE, Scopus, Web of Science Core Collection, ScienceDirect, Emerald Insight, and Google Scholar). The literature search was conducted from January 2026 to March 2026 and covered publications from January 2015 to May 2026. Studies published prior to 2015 were included, as well as articles published after 2015 if they included theory relevant to the areas of Behavioural Economics, Trust Formation, Health Care Decision-Making, and Digital Engagement.

The search strategy employed keywords and Boolean Operators to target three key areas: Behavioural Economics, Health Care Provider Choice, and Digital Marketing in Health Care. Some examples of representative searches were as follows:

((behavioural economics) OR nudge\* OR (choice architecture) OR heuristics OR (loss aversion) OR (framing) OR (social proof))

AND

AND (hospital choice OR provider selection OR physician choice OR consultant selection)

AND

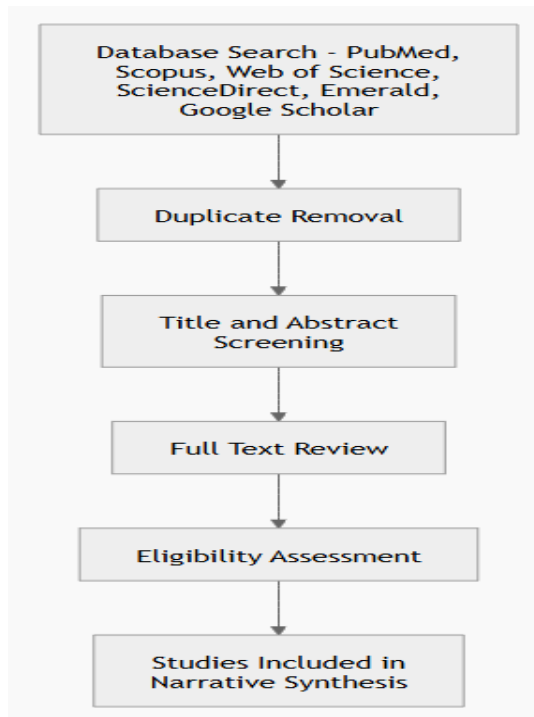
("digital marketing" OR "online reputation" OR reviews OR ratings OR "appointment systems" OR digital engagement OR telehealth OR "online healthcare").

Other searches included reference lists of high-quality articles, which were manually searched for additional articles relevant to the study's search criteria. The study was restricted to English-language studies on decision-making processes and the healthcare ecosystem. Relevance to trust, reputation, access via digital media, online reviews, appointment systems, and behaviour patterns/forces that influence provider choice was then assessed for each search process.

### Screening and selection

A significant number of publications were found in the databases searched. Duplicate records were identified and excluded, and studies were evaluated using title/abstract/full text review to decide if they would fit the parameters for inclusion in a final narrative synthesis. The PRISMA 2020 principles are used as guidelines for our screening and reporting processes to ensure transparency and quality. This was a narrative review, not a systematic review; therefore, not all methodological aspects were followed.

Figure 1: Literature Search and Study Selection Process



### Inclusion and exclusion criteria

The studies included in the research were those published between 2015 and 2026 in peer-reviewed journals, focusing on behavioural economics, digital marketing, hospital and consultant reputation, online healthcare decision-making, and resource use within the healthcare sector. When any aspect of this conceptual framework was introduced in seminal publications from before 2015 and/or provided foundational theories, these publications were also included. Preference for peer-reviewed papers indexed in Scopus and Web of Science, though papers from other databases (such as PubMed) were accepted if they included information that addressed the research questions for the study. Studies that did not demonstrate a specific association with healthcare decision-making, patient behaviour, or digital interactions were excluded, and studies that were solely in the editorial, commentary, conference, or technical-system formats were not considered.

### Quality Assessment of Studies in the Included Studies

All primary empirical studies (of all types) are included in the narrative synthesis and were evaluated using a structured quality assessment approach. The assessment was conducted using the MMAT, which was created and adopted from the framework of Hong et al. (2018). No single score was computed across studies; instead, each study was rated by each reviewer using the MMAT’s five core criteria, which were assessed by how the study collected its data (e.g., sampling, measurement, response rates, attrition rates, and confounding). A 'Yes', 'No' or 'Cannot tell' could have been given for each criterion. The authors created an overall quality rating based on the number of criteria met, with defined thresholds to ensure transparency (High = 4-5 criteria met; Moderate = 3 criteria met; Low = 2 or fewer criteria met). The thresholds were pre-determined to ensure an open assessment process. Any differences of opinion between the two reviewers were resolved through discussion. Thematic synthesis included, but with reduced contribution of “low” studies.

Systematic reviews (or other types of reviews) and non-empirical papers (such as Stoumpos et al. 2023) were not assessed using the MMAT. Systematic reviews and non-empirical papers (theoretical articles) were assessed narratively, using criteria for review articles, including transparent search procedures and synthesis methods. Quigley et al. (2021) received a high-quality rating on AMSTAR-2, and Stoumpos et al. (2023) received a moderate-quality rating using a descriptive evaluation of the clarity of the scope and search methods and synthesis methods of the article. Most of the reviewed empirical primary studies were moderately to highly methodologically sound. Overall, there was good evidence from experimental studies and systematic

reviews, and varying evidence for descriptive and exploratory studies. During the development of the thematic synthesis, therefore, higher-quality studies were given greater weight than lower-quality studies, based solely on their ability to inform future research.

Table 1. Quality Assessment Summary of Key Included Studies

Study	MMAT Category	Criteria Met (out of 5)	Specific Criteria Satisfied (summary)	Quality Rating
Gutacker et al. (2016).	Quantitative descriptive	4/5	Representative sample; appropriate measurements; complete outcome data; appropriate analysis	High
Han et al. (2019).	Quantitative descriptive	5/5	All five criteria met	High
Lu & Wu (2019).	Qualitative	3/5	Appropriate approach; adequate data collection; findings derived from data	Moderate
Yaraghi et al. (2018).	Quantitative non-randomised	5/5	Representative participants; appropriate measurements; complete data; confounders accounted for; appropriate analysis	High
Ye & Wu (2022).	Quantitative descriptive	4/5	Representative sample; appropriate measurements; complete outcome data; appropriate analysis	High
Qiu et al. (2022).	Quantitative descriptive	4/5	Representative sample; appropriate measurements; complete data; appropriate analysis	High
Zhang et al. (2023).	Quantitative non-randomised	4/5	Representative participants; appropriate measurements; complete data; confounders accounted for	High
Quigley et al. (2021).	Systematic review (not MMAT)	N/A	Assessed separately (AMSTAR-2) – high quality	High
Stoumpos et al. (2023).	Narrative review (not MMAT)	N/A	Descriptive quality: moderate	Moderate

**Note:** MMAT was applied only to empirical primary studies. Reviews were assessed using separate criteria (AMSTAR-2 for systematic reviews; descriptive assessment for narrative reviews).

### Narrative synthesis approach

This research has been distilled into themes, with common themes emerging, such as building trust, indicators of reputation, ease of use in the digital world, social validation, and visibility of consultants. Behavioural economics factors, including social norms, loss aversion, framing, salience (or prominence), default choices, and anchoring, were identified in this analysis as affecting behaviour in the digital healthcare environment.

### Literature Synthesis

Table 2. Summary of Key Studies Included in the Review

Author (Year)	Country	Study Context	Design	Key Findings
Gutacker et al. (2016).	UK	Hospital Choice	Quantitative	Patients prioritised quality dimensions that were visible and understandable, particularly patient experience indicators.
Han et al. (2019).	China	Online Physician Reviews	Empirical Study	Review valence, trust, and disease risk significantly influenced physician selection decisions.
Lu & Wu (2019).	China	Online Health Communities	Content Analysis	Positive reviews and service responsiveness increased physician outpatient visits.
Yaraghi et al. (2018).	USA	Online Ratings	Experimental Study	Online quality ratings significantly influenced provider selection intentions.
Ye & Wu (2022).	China	Multi-channel Appointments	Empirical Study	Online appointment users experienced shorter waiting times and improved access to specialists.
Qiu et al. (2022).	China	Online Medical Communities	Quantitative Study	Trust, physician reputation, and departmental status strongly predicted patient choice.
Zhang et al. (2023).	China	Narrative Reviews	Empirical Study	Narrative reviews significantly affected e-doctor choice behaviour.
Quigley et al. (2021).	Multiple Countries	Patient Experience	Systematic Review	Positive patient experiences were associated with greater retention and recommendation behaviour.
Stoumpos et al. (2023).	International	Digital Health Transformation	Review	Digital health technologies improve access and patient engagement when usability and trust are high.

### Theme 1: Hospital choice behaviour

The process of hospital choice becomes a multi-dimensional behavioural process influenced by perceived quality, trust, availability of specialists, convenience, accessibility, and service-experience variables such as waiting time. Patients lack the technical ability to assess clinical quality before the service is delivered and thus rely on observable signals as indicators of expected service quality, such as hospital reputation, consultants' credentials, accreditation, website ratings, departmental standing, and prior patient experiences. According to Gutacker et al. (2016), patients were more likely to care about tangible, clear aspects of quality, such as patient-reported experiences, than about more complex institutional measures of quality. Likewise, Yaraghi et al. (2018) showed that ratings on websites can significantly influence intentions to select a provider, and Han et al. found that both trust and perceived risk of disease moderated the effect of physician ratings on health decisions. The study also found that consultant credentials, departmental reputation, and past patient experience are other critical informal cues that patients use to gauge clinical quality when it is not readily available. Another highly visible measure of accessibility and service efficiency is the time spent waiting. In conjunction with the availability of specialists and the convenience of the hospital, it can have a tremendous impact on whether a patient includes a hospital in their consideration set and ultimately books at that hospital.

Together, these results suggest that the decision to choose a hospital is seldom made based on objective clinical quality. Instead, the patient interprets multiple cues that are visible that help him reduce uncertainty, facilitate comparison, and help him feel more at ease throughout the decision-making.

Behavioural economics views these cues as shortcuts that guide patients through a world of imperfect information, perceived risk, and uncertainty in health care decision-making. Therefore, reputation management, service accessibility, and patient experience design should not be considered secondary marketing activities but rather core processes through which patients draw inferences about competence, safety, trustworthiness, and reliability in digitally mediated healthcare settings. These results are echoed by other studies that relate patient ratings on the internet to objective quality measures (Greaves et al., 2012).

## **Theme 2: Digital access and appointment choice**

Digital access is now affecting how patients use health services. In addition to choosing a hospital or consultant, patients are also choosing their access to health services, meaning that they are choosing the channel they use. Various studies have suggested that the use of digital appointment systems has a strong impact on appointment behaviour, availability, and service use. A study by Ye and Wu (2022) found that online appointment booking results in shorter consultation wait times and improved access to specialist services for patients compared with conventional booking. Further evidence from online scheduling platforms shows that digital scheduling systems can reduce waiting times, alleviate administrative burden, reduce missed appointments, and increase patient satisfaction by providing greater visibility into appointment availability and streamlining access. The broader telehealth literature also shows that digital access mechanisms can enhance access to services, service utilisation, and improve the convenience and continuity of services (Campion et al., 2016). Research also indicates that online bookings are more likely to be used when patients are seeking limited specialist resources, have more severe health conditions, and/or are looking to minimise travel expenses and logistical challenges.

The results suggest that access to digital has more than a technocentric meaning. In contrast, appointment systems have a greater impact on patients' perceptions of access, responsiveness, efficiency, and service quality prior to encountering care. Convenience is a tangible aspect of service utility from a behavioural economics standpoint, as patients consider time, effort, travel burden, and access costs when deciding how and where to access care, in addition to clinical need. The ease of performing desirable actions, through reduced friction, simplified navigation, and lower effort costs, increases the likelihood of engagement and service utilisation by healthcare.

It is also suggested that patients seeking flexibility, speed, and convenience in their appointments benefit particularly from digital appointments. The uptake of these channels, though, is unequal across populations, with older adults, socioeconomically disadvantaged groups, and those with lower digital literacy likely to continue using face-to-face or telephone channels to make appointments. This demonstrates that it is crucial to design healthcare access channels inclusively and make them accessible to everyone. Overall, the evidence indicates that digital appointment infrastructure serves as both a patient-experience program and a service-design intervention, and can reduce friction in the healthcare journey, enhance access to care, and strengthen a healthcare provider's image as responsive, organised and patient-centred.

## **Theme 3: Trust, online reputation, and physician choice**

Aside from selecting their hospital or consultant, patients are now selecting their access to health services, i.e., they are choosing the channel that they will use. Multiple studies indicate that electronic appointment systems have a significant effect on appointment behaviours, availability, and service use. A study by Ye and Wu (2022) shows that patients can access specialist services more easily, and that wait times for consultations are reduced when booking online compared with conventional appointment booking. Other research from online electronic scheduling platforms reinforces that digital scheduling systems can provide greater visibility into appointment availability and streamline scheduling access, helping reduce missed appointments and boost patient satisfaction while also improving waiting times. The broader telehealth literature also shows that digital access mechanisms can enhance access to services, service utilisation, and improve the convenience and continuity of

services (Campion et al., 2016). The research also shows that patients are more likely to use online booking if they have limited access to specialist resources, have severe health conditions, and/or want to reduce travel costs and logistics.

The results indicate that digital access has a meaning that is more than technocentric. By contrast, the effects of appointment systems on patients' perceptions of access, responsiveness, efficiency and service quality before they access services are higher. In addition to clinical need, convenience is a tangible aspect of service utility from a behavioural economics perspective, as patients consider how and where to access services, including travel burden, time, and access costs. When desired actions are easy to perform due to reduced friction, simplified navigation, and lower effort costs, the likelihood that healthcare will engage and provide services increases.

Digital appointments are also said to be particularly beneficial for patients seeking flexibility, speed, and convenience. However, the adoption of these channels varies across populations, with the elderly, socioeconomically disadvantaged, and less digitally literate people still relying on face-to-face or telephone channels to make appointments. This demonstrates that it is crucial to design healthcare access channels inclusively and make them accessible to everyone. In general, the evidence suggests that digital appointment infrastructure is a patient-experience program and a service-design intervention that can reduce friction in the healthcare experience, improve access to healthcare services, and enhance the perception of a healthcare provider's responsiveness, organisation, and patient-centred approach.

#### **Theme 4: Reviews, ratings, and social proof**

Throughout, the data indicated that other patients' reviews or ratings are a major factor in patients' choice of a healthcare provider, particularly when patients are unsure, perceive a risk of disease, and have limited opportunity to assess the clinical quality of the provider's care. Studies of physician rating sites have found that patients rate physicians primarily by star rating, but also by quality of communication, interpersonal skills, responsiveness, wait time, service experiences, and the encounter itself. This allows the patient to more accurately judge how likely he or she is to be treated by the physician or health care provider in a manner that is acceptable to the patient.

Han et al. (2019) reported a very strong effect of the valence of the review on these decisions, especially when the disease risk is perceived as high, but when objective quality measures are also available, provider ratings still had an effect on patient decisions, according to Yaraghi et al. (2018). Research conducted in online health forums has also shown that a high number of reviews, patient testimonials, and prominent evidence of prior patient participation all help build the trust and appeal of the health care provider. Likewise, Greaves et al. (2012) showed that the former are correlated with objective hospital quality measures, indicating that web-based ratings contain valuable data beyond patient satisfaction that can inform decision-making.

The literature reviewed indicated that there are two ways in which patients' choices are influenced by reviews: (1) reviews give information about the healthcare provider, and (2) reviews are a shortcut to reputation and a signal to the patient over the expected success of their selection of healthcare provider. When patients rely heavily on digital information to make a decision about a provider, the effect of reviews on perceived competence, credibility, and trust is significantly greater than when these factors are missing, when they do not find a provider with an established institutional reputation, or when they lack trust in the provider. There is also some evidence that the response of a physician to a negative review can in some way moderate any damage to his or her reputation, by making it clear that a physician is responsible, transparent, attentive to patients, and willing to take steps to address patients' concerns, to some extent offsetting the negative influence on a patient's intention to seek care from that physician after reading a negative review.

Reviews and ratings are also considered an important aspect of social proof from a behavioural economics perspective. The more positive the reviews, the more favourable the sense of safety and legitimacy of the decision, as expressed in patients' perceived benefit from their choice of provider. A heuristic that patients use to select a healthcare provider is social proof, especially when there is no objective measure of the quality of care they will receive. Taken together, the evidence clearly suggests that reviews and ratings convey patient

opinions and also give patients a means to build their trust in the provider, engage in search-and-compare behaviours around healthcare, and transform digital information into provider selection and subsequent use of the provider for healthcare.

### **Theme 5: Patient experience and business outcomes**

The literature illustrates that the patient's experience is crucial for patient behaviours, operational processes and organisational structure. The extent to which patients feel that the health service is accessible, that they communicate with the provider, that they are welcomed, and that the service is satisfactory is directly linked to their intention to return, their willingness to recommend the provider to others, and their willingness to use the health service in the future. The systematic review by Quigley et al. (2021) consistently finds that positive patient experiences lead to increased patient loyalty, greater willingness to refer providers, higher retention rates, and fewer complaints. The importance of the patient experience as a component of system performance has become a common expectation for health systems and is embraced as a key measure alongside clinical outcomes (Kruk et al., 2018).

However, although there is little direct evidence of relationships between patient experience and the profitability of health care provider organisations, research indicates that patient experience contributes to trust, satisfaction and reputation, which underpin long-term performance. Furthermore, longitudinal studies in Switzerland have shown that higher patient experience scores are associated with significantly higher revenue, higher elective admissions, and lower operating expenses compared with lower scores, particularly for private healthcare providers, where the influence of patient choice and differentiation is far greater.

Besides the above studies, other evidence suggests that quality of communication and service responsiveness, trust and accessibility all play a role in patient satisfaction and regular use of services. The results show that patient experience is more than just service quality; it is a strategic asset that can give a company a competitive edge by shaping patients' future use of the company and their loyalty, thereby contributing to the company's success as an organization.

As digital healthcare becomes more important in marketing, it is increasingly relevant to determine how patients' online expectations differ from their experiences when they come to the clinic. When the actual experiences of care align with the messaging they share online, the hospital is more likely to encourage patient retention and positive word-of-mouth marketing, thus contributing to long-term, sustainable demand. Conversely, if online messaging sets expectations that aren't met when patients are treated, hospitals will make initial contact but will not have promoted repeat use, resulting in reduced patient loyalty and inferior performance over time.

Taken together, the available evidence suggests that patient experience is a connecting thread among digital engagement methods, trust, the utilisation of health services, and health care outcomes within the healthcare sector. Patient experience is much more than a measure of quality of service; it's a tool for behaviour and management and an important asset to a healthcare organisation's reputation, retention, utilisation, and economic sustainability.

### **Theme 6: Digital transformation and consumer behaviour**

The digital transformation affects the entire provision of health care and has also changed how patients think and access information when making health care decisions. Patients are increasingly using multiple digital communication channels to connect with healthcare service providers and obtain treatment. When implemented effectively by a healthcare provider, digital healthcare technologies can help improve access, increase visibility and convenience for patients, and increase patient engagement. The integration of telemedicine options, digital appointment systems, patient portals, and various digital tools has enhanced Patient Convenience, Access to Services, and Operational Efficiency, and allowed patients to engage in the decision-making process regarding their Healthcare Services in a Digital Environment.

The success of Digital Technology is also entirely dependent on its ability to simplify, support, and enable transparency and deliver seamless experiences for patients. Clear, easy-to-use, user-friendly, and patient-

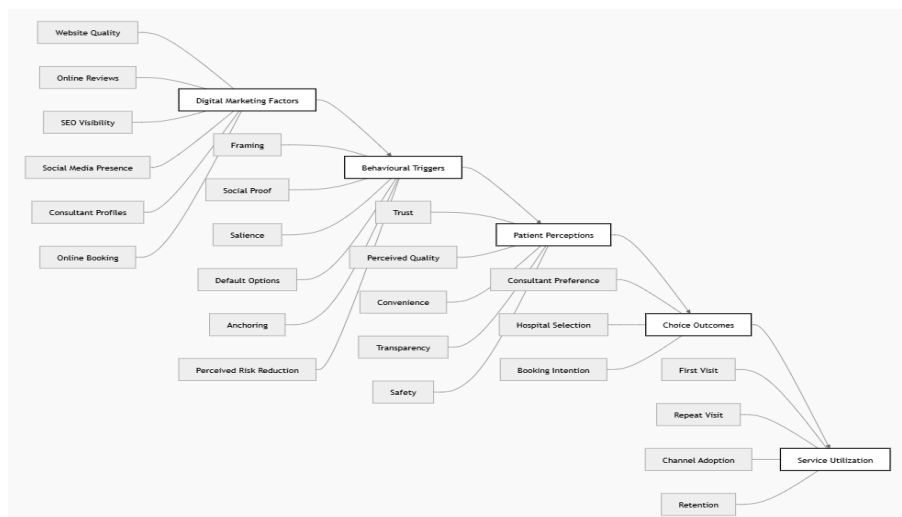
centred digital touchpoints will enable patients to compare healthcare providers more easily, build greater trust and credibility in providers, and reduce uncertainty within healthcare systems. But some information may be fragmented, usability and communication may be inconsistent, and navigation may be tricky, all of which can increase cognitive load for patients and lead to mistrust and loss of engagement. Thus, the findings of this literature review suggest that digital transformation plays a key role in changing patient behaviour. Digital transformation is reshaping how consumers seek information, compare options, build trust with providers, and initiate care in healthcare.

From a behavioural economics perspective, healthcare digital transformation is not only about technological evolution but also about behavioural evolution in how information is processed, how trust is established, and how healthcare service providers are selected. Digital platforms that patients use are decision environments that influence patients' attention, perceptions, and actions through the information they present, the services they provide, and the trust signals they convey in healthcare. This means that an organisation will hold a competitive edge in today's healthcare market, not just in clinical excellence but also in offering a trusted, easily accessible, and patient-centric digital experience. As healthcare service delivery becomes increasingly digital, all the evidence indicates that hospitals that effectively integrate clinical quality of care with patient experience will see enhanced patient engagement, informed decision-making, and better use of healthcare services. The opportunities and challenges of digital transformation in emerging economies are illustrated by experiences from such initiatives (Joia et al., 2024).

### Research Gaps

More research is needed in several critical areas of patient decision-making regarding healthcare providers (Hospitals), as more individuals utilise the internet (digital Health) to find providers and make healthcare decisions. This includes the need for more research that analyses how digital health tools and services, such as online appointment scheduling, reviews, forums, etc., impact an individual's ability to choose a specific hospital, as well as how many patients will actually use a particular hospital as a result of these digital health tools and services. The current literature focuses primarily on affluent regions of the world and does not account for countries with limited access to quality healthcare and/or limited financial resources. Moreover, there is little information in the literature about the selection process of physicians. Physician reputation, titles, and physician preference all play significant roles in patient-to-physician communication. Lastly, a handful of empirical studies link digital touchpoints to trust, framing, social proof, and choice architecture, all of which play crucial roles in nudge theory and influence our online decision-making. The relationships among digital touchpoints, trust, framing, social proof, and choice architecture will be analysed using multivariate and structural equation modelling techniques, which will help address important questions about mediation, moderation, and the behavioural pathways by which digital touchpoints influence patient decision-making.

Figure 2. Proposed conceptual framework illustrating how digital marketing factors influence healthcare service utilisation through behavioural triggers, patient perceptions, and healthcare choice outcomes.



## RESULTS

There are five interdependent variables that can define the patient's choice of digitally mediated health care: trust, reputation, convenience, social proof, and digital visibility. The most basic factor is trust. This building block was included because patients are uncertain about information when making health care decisions. In the absence of direct experience of hospital and consultant quality (competence, integrity, benevolence), they rely on visual evidence (i.e., credibility) to assess it. The evidence examined in this article also suggests that the reputation signals offered via digital channels are not only passive institutional characteristics but also provide active information about hospital and consultant repute. On digital channels, for instance, the quality and quantity of endorsements given to each hospital and consultant by previous patients create a perception of low risk and a high probability of selecting a certain hospital or consultant. Therefore, digital visibility is a reputational amplifier, and hospitals/consultants that gain visibility and have credible evidence of their quality can make a patient more likely to trust them because there is no point for a patient to assess a provider's quality until after they have chosen to accept their treatment.

The results suggest that patient benefit from the ease of access to online services is another important patient variable; if an online service can make it easier to access better quality health care providers, for instance, and reduce the travel time to hospitals/consultants, the availability of such services becomes more than an attribute of a service, it is also a signal in the market that helps patients to assess how feasible and valuable they find it to access a particular service. Further supporting these conclusions is social proof from the patient's end, as evidenced by reviews, testimonials, ratings, and endorsements. Moreover, when there is social proof, patients have to take in less information to find the knowledge they need to choose a hospital/consultant based on patient experience. The findings also indicate that customer responses to a hospital's digital engagement strategy will be strongest when they stem from a clear sense of the hospital's credibility, rather than from a promotional message or campaign alone. This indicates that hospitals should coordinate their online messaging (digital visibility), their service design and reputation management to build trust, preference and ultimately use of their service. An empirical study and a conceptual study may each have the following two types of empirical findings; conceptual interpretation of the findings in this review is separated from the empirical findings.

### Evidence-Supported Findings

In numerous studies (most often quantitative, experimental, and systematic review evidence), these factors have consistently been shown to be significant in choosing providers and using health care services: physician reputation, trust, online physician ratings, access to health care online, usability of provider appointment systems, and patient experiences.

### Conceptual Propositions

Based on the thematic synthesis, a digital presence can help boost the reputation by increasing trust signals, online feedback and social proof. In contrast, digital engagement strategies can build patient trust, enhance perceptions of healthcare access and boost healthcare utilisation. However, these ideas are based on cross-disciplinary synthesis and therefore require longitudinal, experimental, and multivariate studies for validation and to establish causation in order to support these conclusions.

## DISCUSSION

Patient choice in digitally mediated healthcare is a bounded-rationality phenomenon in a high-uncertainty context, where trust and friction are key to patients' search, comparison, and decision-making. Where direct quality assessment is hard, therefore, behavioural economics is useful because patients rely on salient cues, defaults and social signals to make their decisions; which of those cues are salient, credible and actionable is determined by digital marketing. From a practical perspective, this also implies that the digital patient journey becomes an integral part of the decision architecture, influencing perceptions of a hospital as safe and accessible, as well as its value to the patient. Review evidence also indicates that online appointment systems, consultant profiles, reviews, and search visibility together shape patients' expectations prior to their first face-

to-face interaction, suggesting that digital interactions can be seen as tools for transferring trust, not just for promotion.

The findings also indicate that marketing and operations are not separate functions in healthcare, and that service design is a way to create convenience alongside messaging. By reducing wait times, making it easier to navigate, increasing access to limited specialists and reducing travel time, online systems provide patients with real utility and increase the chances of getting an appointment and using it. On the other hand, if sites are vague, management is lacking, or the booking process is disjointed, patients assume greater risk, and they may switch to another provider despite the excellent clinical quality. This is an important ethical consideration: marketing in healthcare needs to minimise uncertainty, increase transparency, and facilitate informed autonomy, not created through fear-based or manipulative means. With so many interventions, such as validated testimonials, meaningful comparisons, clearer pathways to appointments, and ethically framed nudges, it is more defensible because it helps patients make a more confident choice rather than just a quick one.

There are many patient factors that affect patient choice, such as literacy and the number of patients participating in clinical trials. Empirical evidence for some of these factors exists from experiments; the conceptual matrix outlined in this paper offers further guidance for future, multidisciplinary patient choice research and on how insights gained from such research might facilitate understanding of patient choice. Thus, some of the relationships presented in this framework should not be construed as definitive (causal) relationships between the independent and dependent variables, but rather as theoretical propositions to guide future research. To conclude, the theoretical framework integrates the empirical work of other researchers, offering theoretical possibilities for future empirical studies on patients' decisions to participate in clinical trials.

### **Extending the Framework for the Generative AI Era: From Digital Visibility to Algorithmic Trust**

AI could potentially revolutionise the healthcare sector's approach to provider identification, clinical communication, and patient decision-making (Al Kuwaiti et al., 2023; Majumder & Adebisi, 2026; Topol, 2026). Simultaneously, issues of transparency, explainability and governance need to be handled with great care (World Health Organization, 2024). A major limitation in the literature available today is that all of the models were derived from the "traditional" search engine model, in which a patient had access to numerous sources of information on healthcare offerings, and had to make a decision based on being informed of these offerings through evaluation of multiple websites and physicians' profiles, responses to queries, and ratings. The sequential patient acquisition process was largely perceived as digital discoverability, building trust and then choosing a provider and eventually using services. As the use of "Generative" artificial intelligence (AI), "Conversational" search engines, "Health Copilots", and Agentic AI-assistants has increased, the selection of a provider and their subsequent use of services has been greatly commercialised and changed.

In the past, hospitals and other healthcare organisations have competed to be visible in Internet-based environments. To get the 'eye of the public', hospitals have traditionally competed with each other to have the best Search Engine Optimisation (SEO) strategies, a better-looking website, and an online presence with their target audience(s), while managing their online reputation. Patients were people seeking healthcare options and evaluating them to decide which health measure to choose. Recent years have seen AI systems increasingly become a focal point between patients and providers, particularly with the rise of Generative AI systems that aggregate, interpret, rank, and make recommendations on behalf of the patient. AI-generated recommendations are being increasingly used by patients to guide hospitals, consultants, treatment options, appointment availability and quality of service. In choosing a provider, therefore, patients will consider not only the institution's general reputation, the hospital's digital visibility, and engagement, but also how the AI system relates to and presents healthcare offerings.

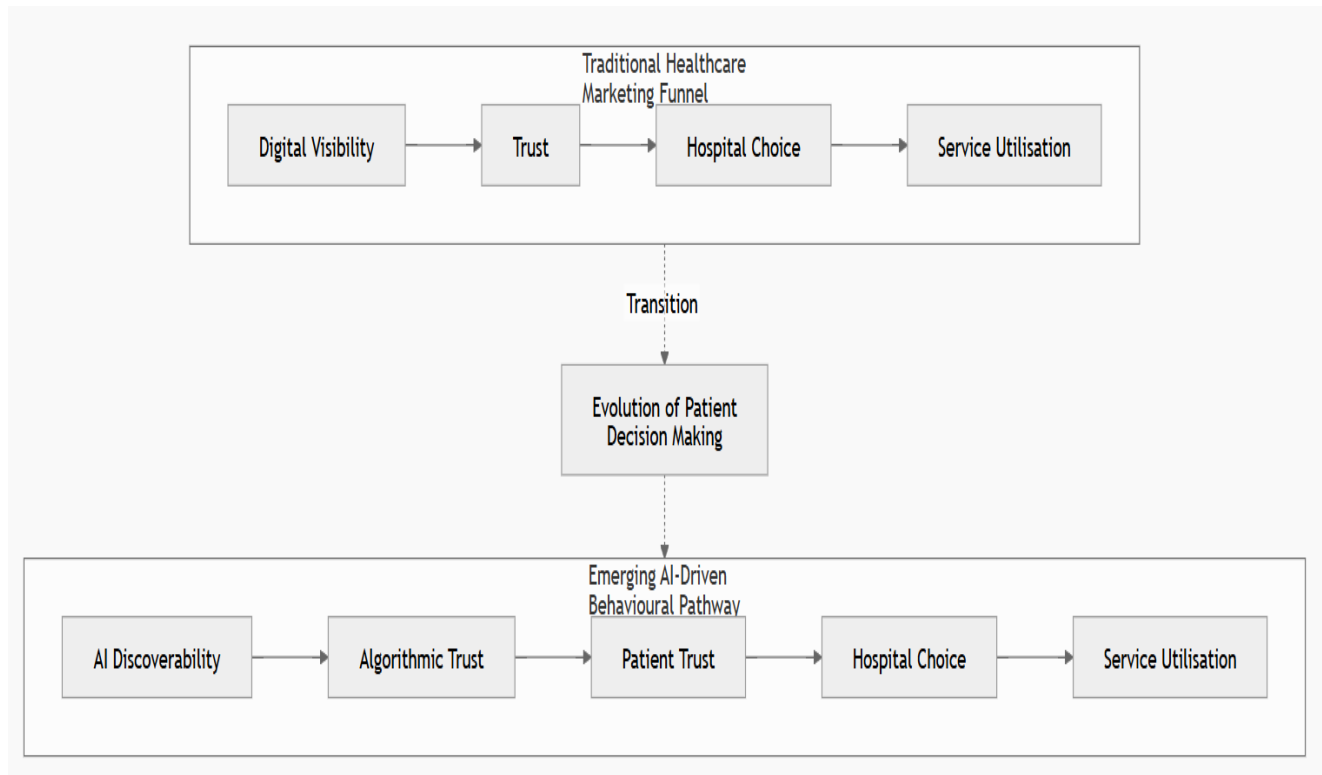
What may be called Algorithmic Trust Formation is starting to replace the current model of establishing trust via direct communication with a patient's health provider, across the continuum of their health provider journey, through ratings, reviews, and digital engagement. Algorithmic Trust Formation requires three entities: the patient, the health care provider, and the AI system. There is trust shared amongst the three parties. Patients

will be able to trust not only the institution and doctors but also the recommendations from the AI system, which will affect their awareness, evaluation, and decision about whether to use the service(s).

There are several important questions that should be addressed in future studies:

How do provider recommendations, generated by AI, affect the patient's decision-making process? How accurate are the AI-based recommendations, as compared to human recommendations? What are the influences affecting patients' trust level in AI-mediated healthcare? What is the relationship between AT and TTS? (AT in AT and TTS in AT) These research questions will guide future research studies in the healthcare industry as it progresses towards an AI-mediated information.

Figure 3. Evolution of healthcare decision-making pathways.



Within the realm of AI, discoverability refers to how much a person knows a healthcare provider, and how much the person trusts the healthcare provider based on that knowledge, which is mediated by the provider's algorithmic trust (the degree of trust people have in the AI system based on its output), as well as the degree of provider trust based on the degree of algorithmic trust. From this larger model, the future of healthcare marketing success will rely not just on bringing more patients into the funnel but also on being visible, credible, and trustworthy in the generative AI-supported decision-making environment. The framework suggested here is an extension of both Prospect Theory and Nudge Theory into the new age of generative AI. If Prospect Theory still has relevance, it is because patients continue to seek to minimise uncertainty and perceived risk in health care, and if Nudge Theory has any relevance, it might be a theory of how AI systems, in the near future, can become a moving part in the way patients acquire comparison information when choosing health care providers and, ultimately, when making decisions. In essence, this represents an evolution in technology and a paradigm shift in creating trust, visibility, and choice around health care providers that will happen as people move away from provider identification and keyword searches toward generative and agentic AI systems. The focus of future empirical research should explore the effects of AI-based provider recommendations, conversational search interfaces, and automated healthcare agents on the patient/provider interaction and their ultimate choices of where to seek health care, when to utilise services, and ultimately what outcomes (quality or overall experiences) they can expect from their interactions across a variety of healthcare systems.

## Managerial Implications

The incorporation of these findings into hospital managers' work should be done primarily by creating a digital identity as part of the hospital's service strategy, rather than as an additional communication tool. To achieve this, the hospitals should have a process to manage/review the hospital's online reputation, communicate with patients who respond in a timely manner and professionally, design and maintain a consistent digital identity across all platforms (websites, directories, and social media); the more visible are the hospital consultants, the less likely there is to be any doubt about the hospital, and the more likely it is that the patient will use it for consultation and then rely on the choices and recommendations they make; the clearer that the hospital's online reputation is, the more likely it is that patients will use it when they are looking for an opinion. Further, hospitals have a responsibility to ensure that as patients move to the next steps in their healthcare experience, there are minimal obstacles blocking their path to the services offered at their hospital. Hospitals need to streamline their waiting rooms, provide easy access for staff (via phone or WhatsApp), provide a good mobile website, and respond quickly to patient enquiries to do this. Convenience is not just a marketing consideration, as the literature reviewed suggests, but also a major component in how convenient services are perceived to be by the patients. Additionally, hospitals must use ethical means of providing social proof of trust; when hospitals use "verified" patient testimonials, indicating successful patient outcomes, and providing indicators of how many patients the hospital has served, it provides patients with the ability to develop trust in hospitals, if this information is presented ethically and honestly. Finally, the trust built through online interactions will only be reinforced if the hospital treats patients with professionalism, responsiveness, and clear communication during their first interaction, before the first appointment, and throughout their treatment. Therefore, the effective management of hospitals should include marketing, operations, and the patient experience, so that digital marketing does not compensate for the quality of the services provided by the hospital but complements it.

## Global Applicability and Contextual Differences

Digital health marketing strategies and principles of behavioural economics can be applied in various ways across different cultural, socioeconomic, and healthcare contexts. The majority of existing research has taken place in high-tech countries with advanced health care infrastructure, where individuals generally have ready access to a considerable amount of health care information online and high digital literacy. In developing countries, however, many patients experience barriers to care, such as a lack of resources, limited availability of specialists, variable internet access, low levels of digital literacy, and a greater reliance on interpersonal recommendations than in developed countries. In this scenario, trust of a provider can rely more on the provider's reputation, nearness to the provider's office, and the quality of services offered than on the provider's digital reputation. Socio-economic differences and access to digital services in Latin America are also influencing digital transformation. These factors will likely shape decision-making about the use of digital health services and the level of uptake of these technologies if they were introduced in new health markets/developing countries. Beyond that, finance models can vary between private and publicly funded health care systems. Patients in a publicly funded system are more likely to focus on wait time and access to health care services, whereas patients in a private health care market may be more interested in provider reputation, service convenience, and service quality than in a publicly funded system. Additional studies are required to investigate the applicability of a proposed model and the conditions that determine patient choice in other cultural and healthcare system settings.

## Policy Implications

Digital health information is a public good and should not be seen merely as a marketing opportunity. Therefore, regulators, accrediting agencies, and stewards of health organisations should help create clean digital environments that enable patients to compare health providers on meaningful metrics, such as credentials and reputation, as well as their care experience and wait times. This review provides evidence that when patients are uncertain about the quality of the information they find online, they will use proxies and social cues, and that the quality of online health information influences how they structure their decision-making process and their confidence in the information they receive. The policy will help combat the spread of misinformation, enhance accountability, and support patient decision-making. Meanwhile, policies are needed

to guard against inequities in access to digital health information. The visibility of patients via search engines, online reputation and booking convenience may lead to disadvantageous situations for digitally savvy patients in particularly competitive private health systems, while patients with low literacy, patients living in rural areas, older patients, and those who are not able to use digital devices may be disadvantaged when it comes to accessing and comparing different health systems. As a result, policy should include the creation of novel digital systems that are accessible to patients in plain language, mobile-friendly, multilingual, and barrier-free, and that provide telephone support and patient assistance with scheduling. Furthermore, policy should foster ethical persuasion, and digital nudges should reduce uncertainty and guide patients through choice, rather than elicit fear and drive demand.

### **Future Research Directions**

Empirical studies should be performed to test the interrelationships of the conceptual connections described in this review. Models need to be developed and tested that link the role of behavioural economics, the formation of trust and digital use to the healthcare system. The effect of behavioural economic drivers (i.e. loss aversion, framing, social proof, anchoring, choice overload) on the choice of hospitals and consultants should all be explored, as well as the relative importance of these drivers in conjunction with a hospital's digital presence (i.e. online reviews, website quality, search visibility, social media presence, digital advertising, teleconsultation visibility). The way in which a hospital's digital reputation signals translate into booking intent and usage is also mediated by trust, perceived quality, perceived convenience, and satisfaction, which should be investigated by researchers. Demographic variables (such as age, gender, income, health literacy, and prior hospital visits) should be examined to assess their potential moderation of the relationships among the factors. In view of the complexity of patients' decision-making in the digitally mediated health care environment, a multivariate method such as structural equation modelling would provide a comprehensive assessment of direct, indirect, and conditional effects.

Further studies are also needed to explore the real experiences of using hospitals and patients' re-use, preferably through public and private studies in developing countries, where affordability, trust, and digital access could all influence behaviour. Multi-centre studies within public and private hospitals could also be relevant for gaining insights and comparative studies on the interaction between trust, affordability, and digital use in India and other developing health care systems. Further studies are required on the consultant brand effect, the impact of the hospital brand on the doctor brand, and the interaction between online reviews and the severity of the disease and patients' socioeconomic conditions. Experimental studies investigating the difference between correlation and causation, and how digital interventions might influence patients' decision-making, should also be conducted in relation to framing and nudging the online hospital appointment system and hospital websites.

### **Limitations of the Study**

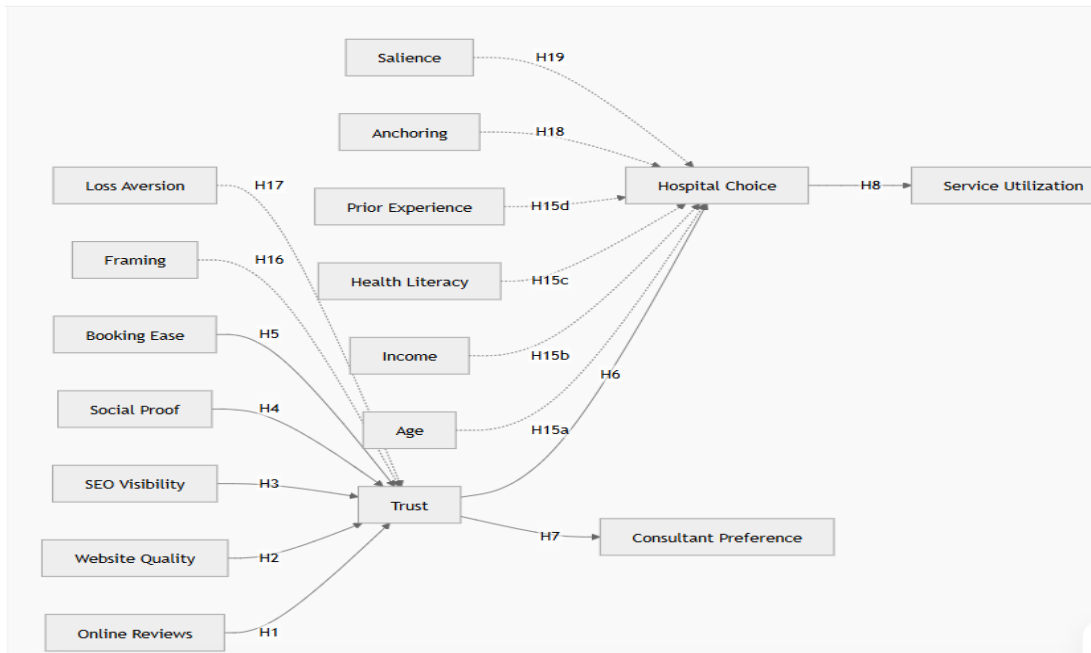
There are several limitations when interpreting the conclusions of this review, including: 1) This study is a narrative review, not a systematic review. Although there was an attempt to conduct a structured search and use a transparent process for study selection, narrative reviews tend to rely on greater researcher judgment to select and interpret studies; thus, these reviews are always susceptible to some degree of selection bias. 2) Studies that met the criteria of this review are highly heterogeneous in terms of definitions of trust, reputation, digital engagement, use of healthcare, and patient choice. However, due to this variation, direct comparisons cannot be made across the studies, and quantitative analysis of the results is not possible. 3) Most of the literature in this area comes from China, the USA, the UK, and other high-income areas; thus, the results of this review may not be completely applicable to LMICs (low- and middle-income countries), which have very different healthcare infrastructures, digital literacy levels, internet penetration rates and healthcare financing systems. 4) The discussion on Generative AI is a developing conceptual approach that is based on trends in emerging technologies, and for which empirical evidence is not extensive, so it is important that any ideas that are proposed are viewed as future research opportunities, which should be validated and verified with empirical studies. 5) The conclusions drawn in this review are drawn from several different disciplines, and so many of the conclusions are multi-theoretical in nature; the proposed framework is therefore viewed as a heuristic model, not an explanation or a final theory to be tested in future research studies.

## CONCLUSION

The decisions made by patients regarding the hospital, consultant or service channel aren't just made out of the cold logic of an evaluation; other types of 'trust' signals, peer support through social proof, convenience (such as a simple booking process) and the architecture of the choice (as many people have different types of services available to them from the doctors/clinics they choose) are also taken into account. Furthermore, it has been clearly established that patients cannot directly assess the 'Technical Quality' of the medical care they receive at a hospital/consultant/service channel. Rather, they use a host of Digital Proxies to credibly stand in for the competence, safety, and responsiveness a patient might experience on their journey. Digital presence has value for hospital leaders only when it conveys competence, safety, and responsiveness, and helps reduce patient uncertainty and effort. Digital Engagement is not just a way of promoting a product/service but a mechanism that facilitates conversion (e.g., patient accepts a referral) and retention (e.g., continuity of care from the initial visit with the referring physician through the entire patient journey) of patients.

The next step for researchers is to turn conceptual synthesis into empirical validation. This can be done by testing integrated models that link different digital engagement strategies to cognitive biases, trust-building, and behavioural choice, as well as to measurable outcomes of service use in the hospital/clinic. Structural equation modelling, multi-centre comparison studies, and experimental design studies are especially helpful for establishing the direct impact of digital engagement on patient decision-making and identifying which mechanisms of digital engagement enhance the patient decision-making process. All of this information reinforces the idea that the best marketing strategy for health care isn't the most entertaining, it's the most believable, seamless and morally compelling. Information from the Conceptual Model is used to build relationships between variables within the proposed structural equation model as shown in Figure 4: Digital Touchpoints, Behavioural Triggers, Trust, Hospital Choice, Consultant Preference and Service Utilisation.

Figure 4. Future SEM model



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