



Online content strategies for building credible brands: An analysis of the world's 100 best hospitals

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ABSTRACT

Health communication experts' primary responsibility is to build a reputable brand for the hospital. However, they face several challenges: the mass use of online platforms, stakeholders' new needs, and stricter legal frameworks. This paper analyses how hospitals implement online content strategies to reinforce their scientific credibility and brand reputation. To do that, we conducted a literature review about health communication, hospital brands, and online content initiatives; then, we identified 40 brand indicators to quantitatively analyze how the world's 100 best hospitals implemented online content strategies to build strong relationships with their stakeholders and promote their brands. Our results proved that most hospitals proposed on their websites special sections for shareholders (98%), patients (95%), media companies (86%), and healthcare professionals (83%); however, on average, hospitals only respected 16,40 brand indicators out of 40 applicable. We concluded that hospitals should professionalize their branding processes, propose different sections for each stakeholder on their websites, and integrate the brand into professional and medical processes.

Keywords: hospitals, content strategies, websites, brand, reputation

INTRODUCTION

Hospitals resort to corporate communication to reinforce their relationships with stakeholders (employees, patients, media companies, shareholders, and public authorities) and build the brand collectively with them. However, they face several challenges: difficulty disseminating scientific content, the development of strict legal frameworks regulating these organizations' communication activities, and the change in patients' emotional and information needs. Besides, these last years, new barriers have made hospitals' branding efforts still more complex, such as the mass use of online platforms (websites, social media, and mobile applications) or the increasingly high amount of medical information available on those platforms. In this framework, most academic researchers have focused on how hospitals use online platforms from a technological perspective; however, there is a clear need to understand better how those platforms impact the hospital from a branding and communication perspective.

This paper analyses the online content strategies hospitals should implement to efficiently reinforce their scientific credibility and brand reputation. In other words, this paper aims to answer the following research question: What online content strategies should hospitals implement to reinforce their brand credibility and reputation? This question is essential for these organizations since it determines how their corporate

communication departments develop relationships with stakeholders: patients, employees, media companies, shareholders, policymakers, public authorities, and suppliers. In other words, this area influences the hospital's internal and external processes and affects its economic, medical, and management functioning.

We conducted a literature review about health communication, hospital brands, online branding initiatives, and hospital reputation to answer our research question. Then, we identified 40 brand indicators and quantitatively analyzed how the world's 100 best hospitals implemented online content strategies to build strong relationships with their stakeholders (healthcare professionals, patients, media companies, and shareholders) and promote their brands. Based on our quantitative and qualitative analysis, we presented the main results of our research on hospitals' online branding strategies. We proposed three conclusions to help these organizations improve their websites, reinforcing their brand credibility more efficiently.

BUILDING CREDIBLE BRANDS THROUGH MEANINGFUL CONTENT

Health Communication: From Information to Persuasion

Health communication experts analyze social and behavioral models, inform citizens about significant health risks, and promote healthy habits (Mheidly & Fares, 2020). To efficiently do that, they combine expertise from different areas, such as communication sciences (journalism and interpersonal communication), social sciences (psychology and sociology), physical sciences (biology and chemistry), and health sciences—medicine, nursing, and pharmacy—(Kreps, 2020). Ethics is one of the most critical areas since it determines citizens' social identities, behaviors, and healthcare outcomes (Merminod & Benaroyo, 2021). Health communication has become a strategic activity for many institutions, such as hospitals, public authorities, and patient associations, so most have established in-house communication departments (De Las Heras-Pedrosa et al., 2020) that develop several initiatives, such as internal communication campaigns for employees (Rudd, 2022), or public health campaigns addressed to external targets, such as citizens, public authorities, policymakers, and media companies (Bol et al., 2020; Zhao, 2021).

Health communication enhances citizens' medical outcomes. Practical content about healthcare refers to technical aspects—medical protocols, patients' medical and economic results—and humanities (Li & Xu, 2020). Promoting a humanistic approach in health communication involves values such as knowledge, emotional support, and empathy are more important than management tools and key performance indicators (Shafiee et al., 2022). When health organizations share content highlighting these values (medical libraries, list of treatments, and support groups for patients), they establish better relationships with their internal and external stakeholders (Mheidly & Fares, 2020). This humanistic approach is essential for citizens with poor health literacy skills since they need exceptional support to understand scientific concepts (Marca-Frances et al., 2020). For these reasons, health organizations increasingly train their employees in interpersonal communication and humanities skills (Driever et al., 2020). Besides, these trainings help them grow professionally since they learn new skills: emotional intelligence, nonverbal language, and empathy (Rodrigues et al., 2020). In other words, thanks to communication and humanities, citizens perceive health organizations' employees more positively, influencing these professionals' public image (Bol et al., 2020).

This humanistic approach eases health organizations' communication relationships with their internal and external stakeholders: employees, citizens, media companies, public authorities, and shareholders (Jenkins et al., 2020). In some cases, these organizations resort to corporate communication to inform stakeholders about different health-related issues (treatments, diseases, and research results); in other cases, they use communication to persuade them about the importance of changing some attitudes and behaviors (Oxman et al., 2022). Both communication objectives are reasonable; however, these organizations must always be transparent and share clear information so that their stakeholders can make informed decisions (Merminod & Benaroyo, 2021). Regardless of their communication objectives (information or persuasion), health organizations must always research their stakeholders' perceptions before launching any communication initiative (Odoom et al., 2019). Besides, they must find a creative way to elaborate messages that will impact stakeholders. To do that, we recommend these organizations respect two principles:

1. Adapting messages to stakeholders' needs and perceptions (Jenkins et al., 2020)
2. Using storytelling techniques that uniquely integrate the organization's brand (Li & Zhao, 2021).

Hospital's Brand: From Persuasion to Trust

When health organizations implement tailored communication initiatives, they establish trust relationships with their stakeholders (Zhao, 2021). This principle especially applies to hospitals. We recommend that hospitals respect five communication principles to develop long-term relationships with their stakeholders. First, sharing accurate medical information enabling patients to better self-manage their health and understand the importance of healthy habits (Tong et al., 2021). Second, encouraging patients to read about healthcare as a way to reinforce their empowerment (Ancker et al., 2020). Third, promoting health education activities allowing patients to strengthen their health literacy skills (Parker et al., 2021). Fourth, respecting patients' rights and promoting responsible behaviors consistent with doctors' rights and responsibilities (Kessler & Bachmann, 2022). Fifth, establishing patient-centered communication models where doctors and nurses interact with patients and care for them from a medical, emotional and social perspective (Nichols et al., 2021). When hospitals respect these five principles, they establish trust relationships based on valuable content for stakeholders: educational programs for doctors, digital tools for patients, and annual reports for shareholders. These relationships are essential to promote shared decision-making processes among doctors, patients, and nurses (Driever et al., 2020).

Hospitals implement corporate communication initiatives to reinforce their social leadership in healthcare-related issues (Medina Aguerrebere et al., 2020). However, this leadership is not consistent with marketing campaigns whose main objective is to sell medical treatments (Zhao, 2021); besides, it is not consistent either with the launching of communication campaigns that are not based on professional strategies (Mackert et al., 2020; Rudd, 2022). For these reasons, hospitals must recruit corporate communication, education, and social sciences experts who evaluate stakeholders' perceptions, define professional strategies, and implement efficient communication campaigns (Finset et al., 2020). Thanks to these campaigns, hospitals promote their brands and healthcare leadership (Altun, 2021), reinforcing employees' and patients' roles in these leadership processes (Porat et al., 2020). In other words, patients and employees are critical players in reinforcing hospitals' scientific credibility and reputation (Ancker et al., 2020).

Experts in health communication's primary responsibility is building a credible brand for the hospital; nevertheless, achieving this objective constitutes a challenge since they must implement collective processes to build the brand with their stakeholders (Medina Aguerrebere et al., 2020). In other words, hospitals must integrate their stakeholders' perceptions about different areas into their branding efforts (Odoom et al., 2019). On the other hand, these experts must find facts proving a clear correlation between the company and its original roots (mission, vision, values, history); otherwise, stakeholders will not recognize the hospital brand as authentic (Rindell & Santos, 2021). Finally, these experts must integrate the social sustainability policies into the hospital's branding strategies to efficiently influence stakeholders about the organization's engagement with employees, citizens, and society (Sander et al., 2021). When hospitals follow these processes professionally, they establish trusting relationships with stakeholders (Reitsamer & Brunner-Sperdin, 2021) and become credible brands that influence society (Jenkins et al., 2020).

Online Branding in Hospitals: From Trust to Reputation

Building a credible brand constitutes a challenge for hospitals: these last years, this challenge has become still more complicated due to the vast amount of information available on the internet and social media platforms (Rudd, 2022). To efficiently overcome this challenge, hospitals must focus on online content that helps people improve their lives from a healthcare perspective (Lithopoulos et al., 2021). This content must reinforce hospitals' scientific credibility and help them establish better relationships with stakeholders (Reitsamer & Brunner-Sperdin, 2021). This content must also help stakeholders have rich experiences with the brand from an emotional and social perspective, including the organization's history, social impact, and innovation projects (Rahman et al., 2021). When hospitals share helpful content that gives stakeholders positive memories about the brand, these companies become icons that influence people's mentalities and trigger social changes (Hart & Phau, 2022; Zhang et al., 2021). In other words, hospitals become love brands that add value to society and improve people's lives (Khosravizadeh et al., 2021).

Besides sharing meaningful content that allows stakeholders to have positive brand experiences, hospitals must integrate cultural references (history, ideologies, and identities) into their online communication activities (Zhao et al., 2021). This way, hospitals promote values adapted to each stakeholder and efficiently influence their attitudes and behaviors (Tan et al., 2020). Thanks to culture, hospitals become social references for their stakeholders who use the hospital's brand as a source of medical information: treatments, research, and scientific publications (Rahman et al., 2021). Nevertheless, to efficiently achieve this goal, hospitals need to analyze their stakeholders' cultural backgrounds and implement tailored online communication campaigns that merge the hospital's brand identity with their stakeholders' cultural references (Adebesin & Mwalugha, 2020). When hospitals follow this logic, they establish long-term relationships with their stakeholders (Tsai et al., 2021; Razmus, 2021) and become more credible brands (Bian & Haque, 2020).

Experts in health communication's primary responsibility is reinforcing the hospital's brand reputation, especially on websites and social media platforms (Medina Aguerrebere et al., 2020). According to Govers (2020), reputation refers to indivisible networks of associations that people deploy whenever they engage with companies. Companies implement corporate communication initiatives to influence these associations efficiently; however, these associations also include several elements (employees' behaviors, patients' opinions) that cannot be controlled and impact the company's reputation (Xifra, 2020). For this reason, hospitals must diversify their corporate communication initiatives and try to influence as many internal and external processes as possible (Bian & Haque, 2020). This is especially important on websites and social media since stakeholders use both platforms to share content and opinions about the hospital (Zhao et al., 2021). When hospitals efficiently manage these online interactions with stakeholders and share meaningful content with them (administrative information, reports, corporate projects), they reduce reputational risks (Confente & Kucharska, 2021) and establish trust relationships that contribute to building the hospital brand (Triemstra et al., 2018).

METHODOLOGY

Corporate websites have become a powerful tool for hospitals since they help them build better relationships with stakeholders and reinforce their brand reputation. To do that, hospitals manage their websites professionally, which involves defining online content strategies. Unfortunately, many hospitals do not follow this logic, negatively affecting their online brand reputation. To understand better this challenge, we considered the World's Best Hospitals 2024. This analysis published by *Newsweek* and *Statista* included data from 2,400 hospitals from 30 countries and provided rankings by countries and a worldwide ranking. To define each hospital's position in those rankings, *Newsweek* and *Statista* researchers considered four main criteria. Each criterion had a different weight in each hospital's global grade: a) recommendations from 85,000 medical experts from 30 countries (45% of the global weight); b) patient surveys about their experience in each hospital, their satisfaction, and recommendations (16.25%); c) hospital quality metrics about the quality of care, safety, and doctor-patient ratio (35.25%); and d) patient-reported outcomes measures questionnaires that evaluated patients' perceptions about their quality of life (3.5%). All results were validated by a global board of medical experts from Germany, Switzerland, the United States, France, and Israel (Newsweek, 2024).

Thanks to this ranking, we identified the world's 100 best hospitals (see [Appendix A](#)). We evaluated how each hospital used its corporate website to interact with four stakeholders:

1. Healthcare professionals
2. Patients,
3. Media companies
4. Shareholders

We focused on them since they are the most important stakeholders in building a reputable brand. Healthcare professionals are essential in hospitals' corporate communication efforts since they represent the organization's scientific credibility (Li & Xu, 2020). Patients are opinion leaders who determine other stakeholders' perceptions about the hospital, its services, and its employees (Driever et al., 2020). Journalists working in media companies help hospitals reinforce their scientific credibility and public awareness (Kreps, 2020). Finally, shareholders make decisions that contribute to linking companies with their communities (Hart

Table 1. Brand criteria

Healthcare professionals (<i>For healthcare professionals</i>)	Patients (<i>Patients</i>)	Media companies (<i>Newsroom</i>)	Shareholders (<i>About us</i>)
1. Scientific publications	1. List of diseases and treatments	1. Research led by doctors	1. Company's history
2. Innovation projects with external partners	2. Appointment checklist	2. Scientific events organized by the hospital	2. Brand architecture (mission, vision, values, identity, culture)
3. Continuing education programs	3. Preparing for surgery	3. Outreach projects with external partners	3. Governance and board of trustees
4. Graduate medical education	4. Planning to go home	4. Health education initiatives	4. Annual reports
5. Laboratories	5. Request medical records	5. Health library	5. Facts and figures
6. Clinical trials	6. Support groups	6. Hospital facts	6. Awards
7. Request medical records for patients	7. Patients' experiences	7. Annual reports	7. Rankings
8. Patient's transfer system	8. International patients	8. Corporate videos	8. Innovation projects
9. About doctors and researchers	9. Digital tools	9. Newsletter	9. Corporate social responsibility
10. International collaborations	10. Corporate reports	10. Patients' stories	10. Corporate partnerships

& Phau, 2022). On the other hand, we focused our analysis on websites since these platforms remain essential corporate communication platforms for these organizations: dissemination of scientific content, promotion of the hospital's brand, and integration of medical technologies (Shieh et al., 2020).

From 1 August 2024 to 17 August 2024, we conducted a quantitative analysis of how the world's best hospitals managed their corporate websites to improve their relationships with stakeholders and brand credibility. Based on our literature review and an initial overview of some hospitals' websites, we identified 40 brand criteria that hospitals should respect to develop quality content that reinforces their brand credibility. We grouped these criteria into four categories, one for each stakeholder: healthcare professionals, patients, media companies, and shareholders. Then, we associated each stakeholder with a particular section of hospitals' websites:

- (a) healthcare professionals ("for healthcare professionals" section on the website),
- (b) patients ("patients" section),
- (c) media companies ("newsroom" section), and
- (d) shareholders ("about us" section)-see [Table 1](#).

In some cases, hospitals had these sections, but they named them differently: for example, "our doctors" rather than "for healthcare professionals," or "citizens" rather than "patients". We considered all those sections. On the other hand, when we evaluated dated information (press releases, reports), we only considered information published during the two previous years; as to non-dated information (list of diseases, digital tools), we analyzed all elements available on the websites. Finally, we only analyzed official websites and resorted to a binary system to evaluate whether hospitals respected each criterion.

RESULTS

Our quantitative results proved that all hospitals used a corporate website to promote their brand credibility and influence their stakeholders; however, many did not define a clear content strategy to achieve this goal. We presented our results grouped into five main categories:

- 1. Healthcare professionals
- 2. Patients
- 3. Media companies
- 4. Shareholders
- 5. Global results

Healthcare Professionals

According to our results, 83% of hospitals had a "for healthcare professionals" section, which included different information addressed to those employees. Nevertheless, only a few hospitals did comply with the

Table 2. Best hospitals by stakeholder

	Healthcare professionals (For healthcare professionals)	Patients (Patients)	Media companies (Newsroom)	Shareholders (About us)
10 criteria	<i>Hospital of the University of Pennsylvania–Penn Presbyterian</i> (United States)		<i>Mayo Clinic–Rochester, Mayo Clinic–Jacksonville, Mayo Clinic–Phoenix*, Cleveland Clinic</i> (United States); <i>Clínica Universidad de Navarra</i> (Spain)	<i>Mayo Clinic–Rochester, Mayo Clinic–Jacksonville, Mayo Clinic–Phoenix*, The Johns Hopkins Hospital, UCLA Health–Ronald Reagan Medical Center, Northwestern Memorial Hospital</i> (United States); <i>Hôpitaux Universitaires Genève</i> (Switzerland); <i>University College Hospital</i> (United Kingdom); <i>Aalborg Universitetshospital</i> (Denmark)
9 criteria	<i>Cedars-Sinai Medical Center</i> (United States)	<i>Duke University Hospital</i> (United States)		<i>Cleveland Clinic</i> (United States)
8 criteria	<i>The University of Tokyo Hospital</i> (Japan); <i>The Mount Sinai Hospital, UCSF Medical Center, New York–Presbyterian Hospital–Columbia and Cornell, NYU Langone Hospitals</i> (United States); <i>National University Hospital</i> (Singapore)	<i>University of Michigan Health, UCSF Medical Center</i> (United States); <i>The Alfred</i> (Australia)	<i>LMU Klinikum</i> (Germany); <i>Brigham and Women’s Hospital, University of Michigan Health, Cedars-Sinai Medical Center, Houston Methodist Hospital, Rush University Medical Center</i> (United States); <i>Hôpitaux Universitaires Genève</i> (Switzerland)	<i>Toronto General - University Health Network</i> (Canada); <i>Universitätsspital Basel</i> (Switzerland); <i>St Thomas’ Hospital</i> (United Kingdom); <i>University of Michigan Health, Massachusetts General Hospital, Cedars-Sinai Medical Center</i> (United States); <i>Hospital Universitario La Paz, Clínic Barcelona</i> (Spain)

Note. *The three hospitals (*Mayo Clinic* in Rochester, *Mayo Clinic* in Jacksonville, and *Mayo Clinic* in Phoenix) used the same corporate website

criteria considered in this section: graduate medical education (9.64%), clinical trials (24.1%), transfer patients system (26.51%), request medical records for patients (33.73%), international collaborations (38.55%), and innovation projects with external partners (44.58%). Concerning the remaining criteria, most hospitals shared information about continuing education programs (59.04%), laboratories (63.86%), doctors’ and researchers’ backgrounds (69.88%), and scientific publications (71.08%). On the other hand, hospitals respected, on average, 4.41 criteria out of 10 applicable. The only hospital complying with the ten criteria was the *Hospital of the University of Pennsylvania–Penn Presbyterian–United States*–(see [Table 2](#)).

Patients

Our quantitative analysis proved that 95% of hospitals had a “patients” section, meaning this stakeholder was crucial for these organizations. However, the information shared in this section was not accurate in most cases. Even if all hospitals published a list of diseases-treatments and most of them displayed appointment checklists (69.47%) and digital tools (63.16%), many hospitals did not respect the other criteria considered in this section: request medical records (36.84%), international patients (29.47%), preparing for surgery (24.21%), corporate reports (18.95%), support groups (18.95%), planning to go home (16.84%), and patients’ experiences (14.74%). On the other hand, 54.74% of hospitals respected between 2 and 4 criteria. The best hospital in this category was *Duke University Hospital* (United States), which complied with nine criteria out of ten applicable (see [Table 2](#)).

Media Companies

86% of hospitals had a newsroom to interact with external media companies. Most shared press releases about topics that contributed to building the hospital’s corporate brand, such as doctors’ research (100%), scientific events organized by the organization (97.67%), outreach projects with external partners (84.89%), and health education initiatives (67.44%). However, only a few hospitals respected the other criteria considered in this section: corporate videos (45.35%), health library (25.58%), patients’ stories (20.93%), annual

Table 3. Best hospitals

Hospital	Number of criteria respected (out of 40)
<i>Cleveland Clinic</i> (United States)	33
<i>Cedars-Sinai Medical Center</i> (United States)	32
<i>Mayo Clinic</i> in Rochester, Jacksonville, and Phoenix (United States)*	31
<i>The Johns Hopkins Hospital</i> (United States)	30
<i>UCLA Health–Ronald Reagan Medical Center</i> (United States)	
<i>Northwestern Memorial Hospital</i> (United States)	
<i>UCSF Medical Center</i> (United States)	
<i>University of Michigan Health</i> (United States)	29
<i>Hôpitaux Universitaires Genève</i> (Switzerland)	

* All used the same website

reports (18.60%), facts about the hospital (17.44%), and newsletter for journalists (17.44%). On average, hospitals complied with 4.95 criteria. Finally, only five hospitals respected the ten criteria considered in this section: *Mayo Clinic*–Rochester, *Mayo Clinic*–Jacksonville, *Mayo Clinic*–Phoenix,¹ *Cleveland Clinic* (United States); and *Clínica Universidad de Navarra*–Spain–(see [Table 2](#)).

Shareholders

Most hospitals (98%) showcased an “about us” section in which they published different information addressed to shareholders. Nevertheless, except four criteria (facts and figures–83.67%, governance and board of trustees–79.59%–, annual reports–68.37%, and company’s history–65.31%), most hospitals did not comply with the criteria considered in this section: brand architecture (47.96%), awards (36.73%), innovation projects (29.59%), corporate partnerships (28.57%), rankings (22.45%), and corporate social responsibility initiatives (22.45%). On the other hand, 44.89% of hospitals respected 3-5 criteria on average. Finally, as shown in [Table 2](#), the only hospitals complying with the ten criteria considered in this section were *Mayo Clinic* (Rochester, Jacksonville, and Phoenix), *The Johns Hopkins Hospital*, *UCLA Health–Ronald Reagan Medical Center*, *Northwestern Memorial Hospital* (United States); *Hôpitaux Universitaires Genève* (Switzerland); *University College Hospital* (United Kingdom); and *Aalborg Universitetshospital* (Denmark).

Global Results

Our quantitative analysis based on 40 criteria proved that most of the 100 hospitals considered still had room to improve their online content strategies. In fact, on average, these hospitals only respected the 16.40 criteria. As shown in [Table 3](#), the world’s best hospital in online branding content strategies was *Cleveland Clinic* (33 criteria out of 40 applicable).

DISCUSSION

Hospitals need to adapt their websites to each stakeholder’s information and emotional needs, so it is essential that these organizations clearly define different subsections for their four main targets: healthcare professionals, patients, media companies, and shareholders. This structure reinforces their relationships with stakeholders, which is especially important for healthcare professionals: doctors and nurses must access hospitals’ websites and quickly retrieve medical for patients and corporate reports (Tilkin et al., 2019). Besides, many healthcare professionals need digital tools to accelerate administrative processes, such as referring patients to other hospitals (Navarro Martínez et al., 2021). In other words, sharing helpful content makes doctors’ and nurses’ lives easier and reinforces the hospital’s brand credibility (Basha et al., 2022). Our results about the “for healthcare professional” section proved that many hospitals shared information adapted to these professionals; however, most did not help doctors and nurses enough to conduct some administrative tasks, such as requesting medical records about patients (33.73%), contacting the department in charge of transferring patients to other hospitals (26.51%) or reading the last updates about the hospital’s clinical trials (24.15). These data proved that hospitals can still improve in this area: they should better adapt their online

¹ The three hospitals (*Mayo Clinic* in Rochester, *Mayo Clinic* in Jacksonville, and *Mayo Clinic* in Phoenix) used the same corporate website.

content strategies to fulfill healthcare professionals' information needs. In this framework, hospitals can conduct surveys and focus groups to analyze healthcare professionals' needs and adjust their online communication strategies on websites based on that.

Enabling patients to increase control over their health is at the core of health promotion activities (Van den Broucke, 2020), so hospitals must share online content reinforcing patients' health literacy skills (Alanazi, 2021). When hospitals establish these rich relationships with them, they strengthen their brand credibility (Zhang et al., 2021). Our quantitative analysis of the "*patients section*" revealed that all hospitals shared a list of treatments and diseases, which is essential for patients to make informed decisions. Nevertheless, most did not consider the emotional aspect of health communication: only 18.95% displayed information about support groups, and just 14.74% published content about other patients' experiences. Hospitals need to spread content helping patients from a medical, social, and emotional perspective. Otherwise, these organizations will never establish long-term relationships with patients. Our data proved that most hospitals must evolve from an "excessive administrative approach" to a more integrated one that includes medical information and inputs related to patients' emotional and cultural needs. In this framework, hospitals can conduct personal interviews with different patients to evaluate each disease's emotional, social, and cultural impact, and based on that, they can develop meaningful content for their websites.

Hospitals must consider other stakeholders besides healthcare professionals and patients: media companies and shareholders are significant. Journalists working for external media companies play a crucial role as educators in healthcare-related issues (Gever & Ezeah, 2020); besides, they can help hospitals promote public health campaigns (Bange et al., 2019). These collaborations are essential since media companies reinforce hospitals' scientific credibility (Khosravizadeh et al., 2021). However, our results about the *newsroom* and "*about us*" sections proved that most hospitals did not try to develop valuable content for media companies, which constitutes a reputational risk. Indeed, only a few hospitals did share meaningful content with journalists, such as hospital facts (17.44%) or newsletters (17.44%). Concerning shareholders, hospitals published annual reports (68.37%) and facts (83.67%), but only a few of them shared information about rankings (22.45%), innovation projects (29.59%) or corporate responsibility initiatives (22.45%). These facts proved that most hospitals must improve their shared content with both stakeholders. Concerning media companies, hospitals could implement online newsrooms where journalists could directly contact a list of medical experts and arrange for online interviews. As to shareholders, hospitals need to establish more dynamic communication relationships with them, which includes sharing interactive annual reports that shareholders can download, analyze, and customize based on their business needs.

Building a credible brand allows hospitals to overcome different challenges, such as patients' new needs, stricter legal frameworks, or the mass use of medical technologies (Medina Aguerrebere et al., 2021). To achieve this goal, these organizations must build the brand collectively with their stakeholders and provide each of them with meaningful content (Gómez-Rico et al., 2022). In other words, hospitals need to prove with facts that their brands improve each stakeholder's life (Singla & Sharma, 2021). Unfortunately, our results demonstrated that most hospitals performed poorly in this area. Indeed, only three hospitals respected at least 31 criteria out of 40 applicable: *Cleveland Clinic*, *Cedars-Sinai Medical Center*, and *Mayo Clinic-Rochester*, Jacksonville, and Phoenix-(United States). These three organizations are good examples of best practices for all hospitals worldwide. Besides considering these best practices examples, hospitals should increase their investments in corporate communication and implement state-of-the-art research practices, such as observatories and think tanks, to analyze their stakeholders' information needs constantly and based on that, adjust their online branding strategies.

Our quantitative results revealed that only a few hospitals managed their websites professionally and built their brands collectively with their four stakeholders: healthcare professionals, patients, media companies, and shareholders. Despite this interesting fact, we must highlight three main limitations that affected this research. First, we did not contact every hospital's communication department, which prevented us from knowing the professional criteria they used to promote their brands through websites: budgets, key performance indicators, branding strategies, and annual content plans. Second, we did not analyze stakeholders' perceptions about hospitals' online content initiatives, so we could not determine the efficiency of those activities: the impact of online information and websites on hospitals' branding efforts. Third, we found no article using a similar methodology, so we could not compare our results with those of other

countries or institutions: public hospitals, private hospitals, or research centers. In spite of these limitations, this paper sheds light on an essential area for hospitals: online brand reputation. We recommend that researchers interested in this topic focus their analysis on healthcare professionals' role in online branding processes, the impact of patients' empowerment on hospitals' online content strategies, and the influence of medical technology on hospitals' scientific credibility.

CONCLUSION

Using websites for branding purposes constitutes a challenge for all organizations, including hospitals. Stakeholders' emotional needs, the increasingly high amount of information available on the Internet, and the challenge of disseminating scientific concepts are some of the reasons why hospitals struggle to use their websites as a branding tool efficiently. Our literature review and quantitative analysis about the 100 best hospitals' online content strategies proved that this area is becoming essential for these organizations. To conclude this analysis, we shared three last ideas that will guide hospitals in reinforcing their brand credibility on online platforms.

First, our results proved that most hospitals had a subsection for each stakeholder (healthcare professionals–83%–, patients–95%–media companies–86%–and shareholders–98%–); however, they only respected, on average, 16.40 brand criteria out of 40 applicable. This means that hospitals must improve their branding initiatives, which include recruiting highly qualified employees for their communication departments (copywriters, doctors, journalists, and corporate communication experts), researching stakeholders' information and emotional needs, developing creative messages, and implementing evaluation systems to analyze the impact of each online communication initiative. These departments must work according to professional logic: annual plans, key performance indicators, and business impact reports. When these departments work professionally and respect the 40 brand indicators, they help stakeholders, especially patients, reinforce their healthcare skills, positively influencing their behaviors, treatment adherence, and understanding of the healthcare industry.

Second, hospitals must implement more emotional communication initiatives, update online content to fulfill stakeholders' needs, and use several formats (videos, applications, and texts) to establish interactive relationships with them, and in this way, reinforce the hospital's brand credibility. Hospitals can sometimes implement particular tools for stakeholders, such as mobile applications, portals, or specific websites, to efficiently satisfy their emotional needs and integrate them into the organization's collective branding processes. However, our results proved that only a few hospitals tried to establish this emotional connection with stakeholders by sharing content related to patients' experiences (14.74%), support groups (18.95%), or patients' stories (20.93%).

Third, hospitals should integrate the brand architecture (identity, values, mission, vision, and culture) in every professional and medical process; besides, they should train employees in this area so that they become brand ambassadors able to promote the organizations' brand reputation on different spaces, especially on websites and social media platforms. Nevertheless, our results highlighted that 52.04% of hospitals did not share any information about their mission, vision, and values. To overcome this problem, hospitals should implement training sessions to reinforce employees' skills in corporate communication, work with public authorities to update the organization's medical protocols and develop management mechanisms to prove the positive impact of the hospital's brand on patients' medical outcomes and the organization's internal processes.

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APPENDIX A: LIST OF HOSPITALS

1. Mayo Clinic–Rochester (United States)
2. Cleveland Clinic (United States)
3. Toronto General–University Health Network (Canada)
4. The Johns Hopkins Hospital (United States)
5. Massachusetts General Hospital (United States)
6. Charité–Universitätsmedizin Berlin (Germany)
7. Karolinska Universitetssjukhuset (Sweden)
8. AP-HP–Hôpital Universitaire Pitié Salpêtrière (France)
9. Sheba Medical Center (Israel)
10. Universitätsspital Zürich (Switzerland)
11. Singapore General Hospital (Singapore)
12. UCLA Health–Ronald Reagan Medical Center (United States)
13. Centre Hospitalier Universitaire Vaudois (Switzerland)
14. Universitätsspital Basel (Switzerland)
15. Universitätsklinikum Heidelberg (Germany)
16. Stanford Health Care–Stanford Hospital (United States)
17. AP-HP–Hôpital Européen Georges Pompidou (France)
18. The University of Tokyo Hospital (Japan)
19. Brigham and Women’s Hospital (United States)
20. The Mount Sinai Hospital (United States)
21. Rigshospitalet–København (Denmark)
22. Asan Medical Center (South Korea)
23. Aarhus Universitetshospital (Denmark)
24. St Luke’s International Hospital (Japan)
25. Allgemeines Krankenhaus der Stadt Wien–Medizinischer Universitätscampus (Austria)
26. LMU Klinikum (Germany)
27. Klinikum Rechts der Isar der Technischen Universität München (Germany)
28. Hospital Israelita Albert Einstein (Brazil)
29. Oslo Universitetssykehus (Norway)
30. Sunnybrook Health Sciences Centre (Canada)
31. Northwestern Memorial Hospital (United States)
32. Mount Sinai Hospital (Canada)
33. Amsterdam UMC (the Netherlands)
34. Samsung Medical Center (South Korea)
35. Policlinico Universitario A. Gemelli (Italy)
36. St Thomas’ Hospital (United Kingdom)
37. University of Michigan Health (United States)
38. CHU Lille–Hôpital Claude-Huriez (France)
39. Medizinische Hochschule Hannover (Germany)
40. Severance Hospital–Yonsei University (South Korea)
41. Cedars-Sinai Medical Center (United States)
42. UMC Utrecht (the Netherlands)
43. Seoul National University Hospital (South Korea)
44. UZ Leuven (Belgium)
45. Kameda Medical Center (Japan)
46. Hospital Universitario La Paz (Spain)
47. North York General Hospital (Canada)
48. Universitätsklinikum Hamburg–Eppendorf (Germany)
49. UCSF Medical Center (United States)
50. Helsinki University Hospital (Finland)
51. Hospital of the University of Pennsylvania–Penn Presbyterian (United States)
52. Grande Ospedale Metropolitano Niguarda (Italy)
53. Landeskrankenhaus Universitätskliniken Innsbruck (Austria)
54. Hospital Universitario 12 de Octubre (Spain)

55. New York–Presbyterian Hospital–Columbia and Cornell (United States)
56. Royal Prince Alfred Hospital (Australia)
57. IRCCS Ospedale San Raffaele–Gruppo San Donato (Italy)
58. Radboud UMC (the Netherlands)
59. Clínic Barcelona (Spain)
60. Mayo Clinic–Jacksonville (United States)
61. Erasmus MC (the Netherlands)
62. CHU Bordeaux–Groupe Hospitalier Pellegrin (France)
63. Hôpitaux Universitaires Genève (Switzerland)
64. Tel-Aviv Sourasky Medical Center (Israel)
65. Istituto Clinico Humanitas (Italy)
66. Policlinico Sant’Orsola–Malpighi (Italy)
67. Universitätsklinikum Freiburg (Germany)
68. Duke University Hospital (United States)
69. Kyushu University Hospital (Japan)
70. Hospital Universitari Vall d’Hebron (Spain)
71. Leids Universitair Medisch Centrum (the Netherlands)
72. Hirslanden–Klinik Hirslanden (Switzerland)
73. Landeskrankenhaus–Universitätsklinikum Graz (Austria)
74. Sahlgrenska Universitetssjukhuset (Sweden)
75. Akademiska Sjukhuset (Sweden)
76. Hospital General Universitario Gregorio Marañón (Spain)
77. Uniklinik Köln (Germany)
78. Mayo Clinic–Phoenix (United States)
79. National University Hospital (Singapore)
80. Clínica Universidad de Navarra (Spain)
81. Seoul National University–Bundang Hospital (South Korea)
82. Hospital Sírio Libanês (Brazil)
83. Guy’s Hospital (United Kingdom)
84. University College Hospital (United Kingdom)
85. Odense Universitetshospital (Denmark)
86. Nagoya University Hospital (Japan)
87. Centre Hospitalier de l’Université de Montréal (Canada)
88. Center Hospital of the National Center for Global Health and Medicine (Japan)
89. NYU Langone Hospitals (United States)
90. ELSAN–Santé Atlantique (France)
91. Addenbrooke’s (United Kingdom)
92. Aalborg Universitetshospital (Denmark)
93. Houston Methodist Hospital (United States)
94. Gangnam Severance Hospital–Yonsei University (South Korea)
95. AP-HM–Hôpital de la Timone (France)
96. Kyoto University Hospital (Japan)
97. The Alfred (Australia)
98. Rush University Medical Center (United States)
99. Universitätsklinikum Carl Gustav Carus Dresden (Germany)
100. Universitätsklinikum Tübingen (Germany)

