Global Journal of Health Administration
e-ISSN 3123-4712

The Role of Specialist Physician Personal Branding on Instagram in Relation to Patient Trust and Loyalty: A Literature Review

***Mahzumah [1], Wiliyanarti[2]**
[1]Master of Hospital Administration, Faculty of Medicine, Universitas Muhammadiyah Surabaya, Indonesia
[2]Master of Hospital Administration, Faculty of Medicine, Universitas Muhammadiyah Surabaya, Indonesia
Correspondence*:
Faculty of Medicine, Universitas Muhammadiyah Surabaya, Jl. Sutorejo No. 59, Surabaya 60113, East Java, Indonesia | e-mail: nurlailymahzumah@gmail.com

Abstract

Digital transformation in the healthcare sector has encouraged specialist physicians to use Instagram not only as a health communication platform but also as a medium for constructing professional identity. Physicians' personal branding activities on social media may shape patients' perceptions of physician competence, credibility, and integrity, ultimately influencing patient trust and loyalty. This study aimed to analyze the role of specialist physicians' personal branding on Instagram in relation to patient trust and loyalty through a literature review approach. Literature searches were conducted in PubMed, Frontiers, the Journal of Medical Internet Research (JMIR), ScienceDirect, and Google Scholar for articles published between 2023 and 2025 using PRISMA guidelines. A total of 18 eligible articles were thematically analyzed. The findings identified five major themes: (1) professional image and credibility formation; (2) enhancement of digital patient trust; (3) improvement of patient loyalty and retention; (4) optimization of digital health communication engagement; and (5) ethical, privacy, and regulatory challenges. Authentic, consistent, and evidence-based educational content was found to strengthen physicians' perceived credibility, while responsive and empathetic digital interactions enhanced patient trust and loyalty. However, the limited availability of specific regulations governing physicians' personal branding on social media remains a significant challenge in digital health communication practices. Overall, the professional and ethical use of Instagram may serve as an effective healthcare communication strategy to support sustainable physician–patient relationships in the digital era.

Keywords: personal branding, specialist physicians, Instagram, patient trust, patient loyalty, digital health communication.

Abstrak

Transformasi digital di sektor kesehatan telah mendorong dokter spesialis memanfaatkan Instagram sebagai media komunikasi kesehatan sekaligus sarana pembentukan identitas profesional. Aktivitas personal branding dokter di media sosial berpotensi memengaruhi persepsi pasien terhadap kompetensi, kredibilitas, dan integritas dokter yang berdampak pada terbentuknya kepercayaan serta loyalitas pasien. Penelitian ini bertujuan menganalisis peran personal branding dokter spesialis melalui Instagram terhadap kepercayaan dan loyalitas pasien melalui pendekatan literature review. Penelusuran literatur dilakukan pada database PubMed, Frontiers, Journal of Medical Internet Research (JMIR), ScienceDirect, dan Google Scholar terhadap artikel publikasi tahun 2023–2025 menggunakan pedoman PRISMA. Sebanyak 18 artikel yang memenuhi kriteria inklusi dianalisis secara

tematik. Hasil kajian mengidentifikasi lima tema utama, yaitu: (1) pembentukan citra dan kredibilitas profesional; (2) penguatan kepercayaan pasien digital; (3) peningkatan loyalitas dan retensi pasien; (4) optimalisasi engagement komunikasi kesehatan digital; serta (5) tantangan etika, privasi, dan regulasi media sosial. Konten edukatif yang autentik, konsisten, dan berbasis evidensi ilmiah terbukti meningkatkan persepsi kredibilitas dokter, sedangkan interaksi digital yang responsif dan empatik memperkuat kepercayaan serta loyalitas pasien. Di sisi lain, keterbatasan regulasi terkait aktivitas personal branding dokter di media sosial masih menjadi tantangan dalam praktik komunikasi kesehatan digital. Temuan ini menunjukkan bahwa pemanfaatan Instagram secara profesional dan etis dapat menjadi strategi komunikasi pelayanan kesehatan yang efektif dalam mendukung hubungan dokter–pasien di era digital.

Kata kunci: personal branding, dokter spesialis, Instagram, kepercayaan pasien, loyalitas pasien, komunikasi kesehatan digital.

Global Journal of Health Administration
e-ISSN 3123-4712
Volume 2 No.1 2026 DOI: 10.30651/gjha.v1i2
Received: (filled by admin) Revised: (filled by admin) Accepted: (filled by admin) Published: (filled by admin)
How to cite:
(by admin)

Introduction

Modern healthcare services have undergone significant transformation alongside the increasing expectations of patients regarding service quality, comfort, and overall experience. Patients today no longer evaluate hospitals solely based on clinical competence, but also on their ability to deliver services that are fast, friendly, transparent, and oriented toward individual needs. In this context, the marketing mix (7Ps) (product, price, place, promotion, people, process, and physical evidence) has become an important strategic framework for understanding patient behavior and establishing service quality standards in healthcare facilities (Howladar et al., 2025).

Various studies have shown that patient satisfaction and loyalty are strongly influenced by the integrated implementation of the 7Ps. The elements of people, process, and physical evidence consistently emerge as the three most dominant factors in shaping perceptions of service quality, as they are directly related to patients' real experiences during care (Chana et al., 2021). International findings further support this: a study in Iran found that people and physical environment were the main reasons patients chose a hospital, while promotion had the least influence (Khalafi et al., 2020). Meanwhile, in the

context of clinical services, clarity of processes, staff friendliness, and facility comfort have been proven to be key determinants of patient satisfaction (Howladar et al., 2025).

In Indonesia, similar findings are also strongly evident. A study on patient visit rates at Sahid Sahirman Hospital found that six out of seven elements of the 7Ps were significantly associated with patient behavior, with product, place, and physical evidence being the most dominant (Lestari & Rindu, 2018). Another study in a hospital in Toraja showed that all elements of the 7Ps had a significant influence on inpatient satisfaction (Manggasa, 2024). This indicates that although clinical quality is important, patient perception is largely determined by the overall experience during their stay in healthcare facilities. However, some elements such as price and promotion show varying results across studies. In certain contexts, price is not the main determinant, as patients tend to prioritize service experience over cost (Khalafi et al., 2020). Even in some international studies, promotion does not significantly influence satisfaction, as patients rely more on personal experience and word-of-mouth recommendations (Chana et al., 2021). This variability suggests that patient sensitivity to certain elements may differ depending on culture, type of service, and hospital characteristics.

The development of digital technology has also changed patient behavior patterns. Access to service information, online reviews, ease of access, and cost transparency now play an important role in shaping patient decisions when choosing healthcare facilities (Howladar et al., 2025). Therefore, a systematic review of the role of the marketing mix (7Ps) is highly relevant to understand how each element influences satisfaction, facility choice, repeat visits, and patient loyalty.

This literature review was conducted to map national and international research findings related to the implementation of the 7Ps in healthcare services, identify the most dominant factors, and explore existing research gaps. By integrating scientific evidence from various countries and service contexts, this review is expected to provide both conceptual and practical contributions for hospital management in designing more human-centered, holistic, and evidence-based marketing strategies.

Method

Study Design and Search Strategy

This study employed a literature review design using a thematic narrative synthesis approach. The literature search was conducted from January to March 2026 across six databases: PubMed/MEDLINE, Frontiers in Public Health, Journal of Medical Internet Research (JMIR), ScienceDirect, International Journal of Pharmaceutical and Healthcare Marketing (IJPHM), and Google Scholar. A combination of keywords was used, including: “physician personal branding,” “doctor Instagram health communication,” “patient trust social media,” “patient loyalty digital physician,” “online medical credibility,” “doctor social media,” and “digital health communication trust loyalty,” in both English and Indonesian equivalents. Boolean operators (AND, OR) were applied to optimize the comprehensiveness of the search strategy.

Inclusion and Exclusion Criteria

Studies were included if they met the following criteria: (1) published in peer-reviewed, reputable journals indexed in recognized databases; (2) examined physicians’ or healthcare professionals’ activities on social media platforms, particularly Instagram or other relevant digital health communication platforms; (3) addressed constructs such as patient

trust, patient loyalty, digital engagement, physician credibility, or personal branding; (4) published between 2023 and 2025; and (5) available in full text in English or Indonesian. Studies were excluded if they were editorials, letters to the editor, opinion pieces without empirical data, or articles not relevant to digital health communication or physician-patient interaction in social media contexts.

Article Selection, Quality Assessment, and Thematic Analysis

The study selection process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A total of 231 articles were identified during the initial search. After removing 48 duplicates, 183 articles remained for screening. Following title and abstract screening, 94 articles were excluded due to irrelevance. Of the remaining 89 full-text articles assessed for eligibility, 74 were excluded as they did not meet the inclusion criteria. Ultimately, 15 studies were included in the final analysis. Quality assessment was conducted by evaluating study objectives, research design, methodological clarity, instrument validity, and consistency of findings. The selection process was independently performed by two reviewers to minimize selection bias. All references were managed using Mendeley reference management software. Thematic analysis was conducted by identifying recurring patterns, similarities, and differences across the included studies to generate synthesized themes related to physician personal branding, patient trust, and patient loyalty in digital health communication.

Result and Discussion

Based on the geographical distribution of the included studies, a total of 18 articles were analyzed, originating from various countries. China and Indonesia contributed the highest number of studies, with four articles each (22.2% respectively). This was followed by studies from Singapore (n = 1; 5.6%), Taiwan (n = 1; 5.6%), Poland (n = 1; 5.6%), and Canada (n = 1; 5.6%). In addition, four studies (22.2%) were classified as multinational or based on international datasets, reflecting a broader cross-country perspective. Furthermore, two articles (11.1%) were categorized as conceptual or literature-based studies that were not restricted to a specific geographical context. Overall, the distribution indicates that research on physician personal branding, digital health communication, and patient trust has been conducted across diverse geographical settings. However, the evidence base is still predominantly concentrated in Asian countries, particularly China and Indonesia, suggesting a higher research interest in digital physician–patient interaction within these regions compared to Western contexts.

Table 1. Characteristics of Articles Included in The Literatire Review

Author (Year)	Study Desain	Population / Data Source	Key Findings
Sun et al. (2024)	Quantitative	Physicians & patients, Chinese social media platforms	Physicians' social media behavior influences patient adherence; positive humor increases patient satisfaction ($p < 0.05$).
Sze et al. (2024)	Descriptive qualitative	Primary care physicians, Singapore	Physicians recognize digital media potential but express concerns regarding erosion of patient trust if not properly managed.

Source: source is placed below the table (optional)

Table 2. The title is written above the table

Variables	Variables				Variables
	Category		Category		
	n	%	n	%	
Indicator					
Category	##	##	##	##	##
Category	##	##	##	##	
Indicator					
Category	##	##	##	##	##
Category	##	##	##	##	

** Additional Statement*

Format Images and Graphics

Captions or titles for images and graphs are placed below the image and centered. Each image must be numbered sequentially according to its appearance in the text (e.g., "Figure 1"), using 1 spacing and **without bold** formatting. Images should follow an open format, displaying only horizontal lines. The maximum limit is 5 figures, and they must not exceed the page margins. If an image is cited from another source, the source must be clearly written directly below the image.



Source: author's name (year) 7 Arial font pt.

Figure 1. The title is written below the image (centred)

Conclusion

The conclusion must provide a complete answer to the research objectives while emphasizing the originality of the findings. Research generalizations should be presented extensively to offer meaningful scientific contributions. Furthermore, authors are required to include logical and applicable recommendations derived directly from the analysis and research procedures.

Abbreviations

WHO: World Health Organization; SD: Standard Deviation; ISP: Integrated Services Pos; Posyandu: Pos Pelayanan Terpadu; OR: Odds Ratio; PHC: Primary Health Care.

Declarations

In this part, authors should mention that: (1) their research has ethics approval and consent to participate, (2) does not conflict with anyone's interest, (3) Authors' contributions, (4) Funding Source and (5) Acknowledgments.

Ethics Approval and Consent Participant

Respondents were addressed before the survey about the survey's objectives and purposes, and verbal consent to participate in the study was taken from them.

Conflict of Interest

The authors declare that there is no significant competing financial, professional, or personal interests that might have affected the performance.

Authors' Contribution

NKP and IAR conceptualized the study; ERN created the methodology; IAR, NKP, and ERN wrote, reviewed, and edited the

manuscript; NKP and IAR wrote the original draft.

Funding Source
Institutions that finance research carried out.

Acknowledgment
We would like to thank the Faculty of Public Health, Universitas Airlangga, for their technical support and all the contributors who helped in this study.

References

References style used by JAKI should be written based on the **Harvard Reference format 1 (author-date)** already available in the **Mendeley** or **Zotero reference style** database. References must be formatted according to APA guidelines and listed in alphabetical order. At least 50% of the references must be sourced from scholarly journals, and at least 80% should be published within the last 5 years. References in the form of personal communication should be avoided. Below is an example of proper reference formatting:

Book
Wiliyanarti, P. F. (2013). Buku Ajar Konsep Dasar Keperawatan. Jakarta: Salemba Medika.

Websites
Kenney, G. M., Cook, A., & Pelletier, J. (2009). Prospects for reducing uninsured rates among children: How much can premium assistance programs help. Retrieved from Urban Institute website: //www.urban.org/url.cfm?ID=411823 (Accessed: 17 December 2022).

Journals
Author, A. A., Author, B. B., & Author, C. C. (Year). The article title. The journal title, volume (issue), page number – page number. doi:xx.xxxxxxxxxx

Additional:

1. The manuscript is written by using Microsoft Word computer program with Times New Roman font size 12 with A4 page size and with moderate size margins.
2. The contents of the article use a two-column format except the title, correspondence and abstract.
3. Margin or limit of writing from the edge of the paper is left margin of 4 cm, right margin of 3 cm, top margin of 3 cm, and bottom margin of 3 cm.
4. The first letter of reference title is written with capital letters, the rest with small letters, except the names of people, places, and time.
5. All plagiarism rates of scientific articles are checked through TURNITIN software 2 times; the first journal entry and the review version.