SHARE OF VOICE AS A STRATEGIC METRIC OF HOSPITAL REPUTATION: COMPARATIVE CASE STUDY IN HOSPITALS OF RIO VERDE (GO - BRAZIL)

SHARE OF VOICE E REPUTAÇÃO HOSPITALAR: ESTUDO DE CASO COMPARATIVO EM HOSPITAIS DE RIO VERDE (GO)

SHARE OF VOICE COMO MÉTRICA ESTRATÉGICA DE LA REPUTACIÓN HOSPITALARIA: ESTUDIO DE CASO COMPARATIVO EN HOSPITALES DE RIO VERDE (GO - BRAZIL)

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ABSTRACT

Considering the growing relevance of digital presence in organizational reputation, this article analyzes Share of Voice (SOV) as a strategic indicator of brand performance in the hospital sector. The objective is to measure and interpret this indicator for hospitals located in Rio Verde, in the southwestern region of the state of Goiás, Brazil, based on the dimensions of followers, engagement, and views on the social network Instagram, comparing them to their main local competitors. To this end, a multiple case study of a quantitative and descriptive nature was conducted, based on secondary data collected through the analytical tool NotJustAnalytics and complemented by social listening reports. It was observed that, although Hospital Santa Terezinha has a smaller number of followers, it shows higher performance in engagement and views compared to the Cancer Hospital of Rio Verde and the Unimed Hospital of Rio Verde, indicating superior communication effectiveness and consistency with its institutional philosophy. It is concluded that SOV is a relevant indicator for assessing the visibility and relationship of hospital brands, and that its systematic monitoring can support strategic decisions in marketing and institutional positioning.

Keywords: Digital Branding. Hospital Reputation. Healthcare Analytics. Social Media Metrics. Brand Equity.

RESUMO

Considerando a crescente relevância da presença digital na reputação organizacional, este artigo analisa o Share of Voice (SOV) como indicador estratégico de desempenho de marca no setor hospitalar. Objetiva-se mensurar e interpretar esse indicador de hospitais situados em Rio Verde, na região sudoeste do estado de Goiás, no Brasil, a partir das dimensões de

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seguidores, engajamento e visualizações na rede social Instagram, comparando-os a seus principais concorrentes locais. Para tanto, procede-se a um estudo de caso múltiplo, de natureza quantitativa e descritiva, com base em dados secundários coletados pela ferramenta analítica NotJustAnalytics e complementados por relatórios de social listening. Observa-se que, embora o Hospital Santa Terezinha possua menor número de seguidores, ele apresenta maior desempenho em engajamento e visualizações em relação ao Hospital do Câncer de Rio Verde e ao Hospital da Unimed de Rio Verde, indicando superior efetividade comunicacional e coerência com sua filosofia institucional. Conclui-se que o SOV constitui um indicador relevante para aferir a visibilidade e o relacionamento de marcas hospitalares, sendo seu acompanhamento sistemático capaz de subsidiar decisões estratégicas de marketing e posicionamento institucional.

Palavras-chave: Branding Digital. Reputação Hospitalar. Análise em Saúde. Métricas de Mídias Sociais. Valor de Marca.

RESUMEN
Considerando la creciente relevancia de la presencia digital en la reputación organizacional, este artículo analiza el Share of Voice (SOV) como un indicador estratégico del desempeño de marca en el sector hospitalario. El objetivo es medir e interpretar este indicador en hospitales ubicados en Rio Verde, en la región suroeste del estado de Goiás, Brasil, a partir de las dimensiones de seguidores, compromiso y visualizaciones en la red social Instagram, comparándolos con sus principales competidores locales. Para ello, se realizó un estudio de casos múltiples, de naturaleza cuantitativa y descriptiva, basado en datos secundarios recolectados mediante la herramienta analítica NotJustAnalytics y complementados con informes de social listening. Se observa que, aunque el Hospital Santa Terezinha tiene un menor número de seguidores, presenta un mejor desempeño en compromiso e visualizaciones en comparación con el Hospital del Cáncer de Rio Verde y el Hospital Unimed de Rio Verde, lo que indica una mayor efectividad comunicacional y coherencia con su filosofía institucional. Se concluye que el SOV constituye un indicador relevante para evaluar la visibilidad y la relación de las marcas hospitalarias, y que su seguimiento sistemático puede respaldar decisiones estratégicas de marketing y posicionamiento institucional.

Palabras clave: Branding Digital. Reputación Hospitalaria. Analítica en Salud. Métricas de Redes Sociales. Valor de Marca.

1 INTRODUCTION

The contemporary hospital environment is characterized by increasing competition between institutions that seek care excellence and brand visibility and recognition. In a digital scenario saturated with information, in which the consumer is exposed to thousands of messages per day, it becomes relevant to understand how the communicational presence of a hospital is positioned in relation to that of its competitors. This visibility can be measured by the *Share of Voice* (SOV) performance indicator, which expresses a brand's "voice share" in the market's set of messages and reflects the institution's degree of participation and influence in the communication space (TELLIS, 2019; BRAND24, 2023; ONSPIRE HEALTH MARKETING, 2023; GUERRA *ET AL.*, 2024).

The correlation between communication volume and market growth has been widely documented by Romaniuk and Sharp (2019), who demonstrate, in the "polygamous loyalty theory", that brands with sustained SOV are more likely to increase their *market share* over time. This empirical evidence reinforces the role of SOV as a strategic indicator of growth and not just visibility.

LLMRefs (2025) proposes a conceptual and methodological analysis of SOV as a metric to assess the relative visibility of a brand in its competitive environment. In this analysis, SOV is defined as the index that expresses the proportion of attention, exposure, or mentions that an organization obtains compared to its direct competitors, in different digital communication channels. This metric extrapolates the count of individual interactions, such as clicks or likes, and seeks to measure the fraction of the "discursive space" occupied by the brand, that is, the percentage of the public conversation in which it is present.

This emphasizes the strategic character of SOV, since it is a predictive indicator of "brand health". Thus, a consistent increase in the share of voice tends to reflect greater recognition, authority and potential for expansion in the market, while successive reductions may signal a loss of relevance or competitiveness. Thus, SOV is understood not only as a measure of communicational performance, but also as a prospective instrument of brand management, whose variation can anticipate market movements and changes in consumer behavior.

From a technical point of view, there is a simple formula for calculating the SOV: divide the number of mentions or the share of brand visibility by the total number of mentions or visibility of the set of competitors, multiplying the result by one hundred to express it in percentage terms. This methodology, however, is sensitive to the nature of the channel evaluated. In *Search Engine Optimization* (SEO) contexts, according to Formaggio (2023),

SOV can be measured through organic impressions or estimated traffic in paid advertising, by the proportion of impressions actually achieved compared to the total potential.

Studies on the subject highlight the importance of SOV measurement occurring systematically and recurrently. Isolated evaluations provide only a static portrait, while longitudinal tracking allows you to identify trends and patterns of communication performance. It also warns that there is no universal reference value for SOV: the interpretation of the results depends on the competitive context, the maturity of the market and the strategic objectives of the brand (LLMRefs, 2025).

In the health sector, where credibility and trust are essential intangible assets, effective communication is a strategic differentiating factor (FELTRIM *et AL.*, 2019; ILIAS, 2021). Hospitals and health networks need to offer quality services to consolidate a solid and coherent institutional image, capable of generating bonds and preference with the community. The measurement and increase of SOV thus become fundamental management instruments for the construction and maintenance of hospital *brand equity* (BENDLE *ET AL*., 2020; WIRTZ; HEMZO; LOVELOCK, 2020). This relationship between consistent communication and brand strengthening is in line with the conceptual framework of Keller and Swaminathan (2020), according to which *brand equity* results from the sum of awareness, positive associations, perceived quality, and loyalty, which are dimensions directly influenced by digital reach and engagement.

Trust in the relationships between patients, physicians, and health institutions is a central element for the ethical, clinical, and organizational functioning of care systems. Hall *et al*. (2001) analyze this phenomenon from a comprehensive conceptual and empirical review, demonstrating that trust is not a peripheral attribute, but a structuring component of medical practice and institutional governance in health. The authors define trust as a "subjective attitude," and not merely as an observable behavior. It is the optimistic acceptance of a condition of vulnerability, supported by the expectation that the professional or institution will act in the best interest of the patient. This definition is particularly relevant in the medical context, in which vulnerability is not contingent, but inherent to the experience of the disease and treatment. Trust, therefore, emerges less from strict rational evaluations and more from deep psychological needs associated with caregiving.

The authors carefully distinguish trust from related concepts, such as satisfaction, instrumental trust, and performance evaluation. While satisfaction refers predominantly to the retrospective evaluation of past experiences, trust has a prospective and relational character, being oriented to the intentions, motivations and character of the physician or institution. For this reason, the breach of trust tends to produce intense moral reactions, such as indignation

and a sense of betrayal, which go beyond simple frustration with unsatisfactory results. At the conceptual level, they propose a multidimensional model of trust, composed of five dimensions: (i) fidelity (commitment to the best interest of the patient); (ii) competence (technical capacity); (iii) honesty (truthfulness and transparency); (iv) confidentiality (protection of sensitive information); and (v) global trust, which expresses the holistic and indivisible character of the construct. However, empirical evidence indicates that, in practice, trust in physicians tends to manifest itself as a one-dimensional construct, as patients do not clearly distinguish these dimensions when evaluating their relationship with the professional.

These considerations reveal interesting aspects about a community's trust in an institution that serves it. First, patients' levels of trust in their physicians are generally high and relatively stable, even in the face of organizational and economic transformations in health systems. In contrast, trust in health institutions, such as hospitals and health plans, is systematically lower. Second, demoFigureic characteristics of patients and physicians explain only a small portion of the variation in confidence levels. The factors most strongly associated with trust are relational in nature, especially communication style, interpersonal skills, and the patient's perception of choice and autonomy. In addition, trust has positive associations with several relevant outcomes: greater adherence to treatment, continuity of care, less propensity for conflicts and disputes, greater satisfaction, and better subjective evaluations of health outcomes. These findings reinforce the idea that trust is not only a normative value, but also a functional resource that contributes to clinical effectiveness and organizational efficiency. In this sense, understanding the mechanisms of confidence-building, maintenance, and erosion is fundamental for the design of public policies, financing models, clinical practices, and organizational strategies in health. Trust, while reflecting the ethical quality of care relationships, acts as a critical determinant of the performance of health systems and the social legitimacy of medical institutions.

However, despite the growing investment in digital marketing as a strategy to increase trust and satisfaction with institutions in general, many Brazilian hospitals still lack robust metrics that allow them to evaluate the effectiveness of their communication strategies. It is often observed that content production is intense, but without clear alignment with brand performance indicators (GENE WORLDWIDE, 2023; UMBREX, 2023; HAYES, 2025).

The health market in the southwestern region of the state of Goiás (GO) is characterized by a scenario of continuous expansion, driven by population growth, the diversification of medical services and the consolidation of hospital centers in medium-sized cities. According to data from the Brazilian Institute of GeoFigurey and Statistics (IBGE, 2024) and the Goiás State Department of Health (SES-GO, 2025), this region has one of the highest

rates of urbanization and socioeconomic development in the interior of Goiás, which favors the strengthening of the private health sector. In recent years, the installation of new diagnostic centers, specialized clinics and hospital units with professional management has increased competitiveness and raised the standard of care quality.

Hospitals in the region operate in a hybrid market environment, composed of traditional philanthropic institutions and private networks, which compete both for patient preference and for attracting qualified professionals. This dynamic has stimulated investment in institutional communication, relationship marketing and brand strengthening, especially through digital media. In addition to the search for visibility, there is a growing concern to communicate attributes of trust, humanization, and technical excellence, values that are increasingly decisive in the process of choosing health services (FELTRIM *ET AL.*, 2019; ILIAS, 2021).

The city of Rio Verde emerges as the main hospital center in the southwest region of Goiás, housing regional reference institutions, such as the Santa Terezinha Hospital (HST), the Rio Verde Cancer Hospital (HCRV) and the Unimed Hospital of Rio Verde (HURV). These hospitals play a central role not only in medical care, but also in the dissemination of knowledge, technological innovation and strengthening of the institutional image of private health in the interior of the state. The digital presence of these brands has become, therefore, a determining factor of competitiveness, reflecting the degree of modernization of management and the ability to symbolically connect with the commuity (WIKIPEDIA, 2026).

In this context, understanding the communicational behavior and digital performance of hospitals in the southwestern region of GO allows us to interpret more broadly the role of hospital marketing as a strategic instrument of differentiation and institutional development. The use of metrics such as SOV gains relevance by translating the presence and influence of institutions in the digital environment into measurable data, offering concrete subsidies for positioning, reputation, and brand strengthening decisions.

HCRV has consolidated itself as one of the most relevant institutions in the southwest of Goiás in the area of oncology. Founded with the purpose of offering humanized and highly complex treatment to cancer patients, it combines state-of-the-art technology, a specialized multiprofessional team and psychosocial support programs aimed at comprehensive care. Linked to the Rio Verde Cancer Hospital Foundation, the institution works in partnership with the Unified Health System (SUS) and private operators, being a regional reference in early diagnosis, chemotherapy, radiotherapy and monitoring of patients in all phases of treatment. In recent years, the hospital has expanded its infrastructure and incorporated technological resources in telemedicine and electronic registration, reinforcing its digital and institutional

presence. In addition to clinical care, it promotes awareness campaigns and educational actions, consolidating an image of social commitment and leadership in oncological health in the region (HCRV, 2025).

HURV is part of the cooperative health system of Unimed do Brasil, nationally recognized for the quality of care and management centered on the cooperative doctor. Inaugurated to meet the growing demand for highly complex services in the interior of Goiás, the hospital has a modern structure, with 24-hour emergency care, an equipped surgical center, intensive care units and state-of-the-art diagnostic imaging services. The institution adopts clinical governance, patient safety, and sustainability practices, in line with the standards of the National Health Surveillance Agency (ANVISA, 2024) and the National Accreditation Organization (ONA, 2024). In the digital environment, it invests in customer relationship strategies, dissemination of prevention programs and strengthening of the Unimed brand in the region, projecting itself as a reference in quality care, innovation and social responsibility in the health market of southwest Goiás (HURV, 2025).

HST is recognized as a reference in health care in Rio Verde and in the southwest region of GO, offering excellent care through a modern infrastructure, environments planned for patient comfort and safety, state-of-the-art equipment and a highly qualified medical team, dedicated to various specialties and prepared to attend to cases of different levels of complexity (HST, 2026).

Founded in 1934, the institution has built a solid trajectory, marked by a commitment to comprehensive patient care, humanization in care and the continuous search for excellence. Over the decades, it has consolidated itself as a health center that combines tradition and innovation, continuously expanding its service areas, investing in state-of-the-art technology, modernizing its facilities and always keeping an eye on medical developments. The institutional philosophy states that the organization's purpose is "To offer comprehensive care of excellence, with multiprofessional teams, safety and welcoming to promote health to our patients" and its vision of the future for 2030 points to "To be a reference in comprehensive health in the Midwest region of Brazil, with excellence in care, sustainability and technological innovation" (HST, 2026).

Considering the competition for the symbolic valuation of brands as a differentiating factor in the health market, analyzing the communicational performance of hospitals is essential to understand the coherence between their institutional purpose and their performance in the digital environment. The monitoring of the SOV makes it possible to verify to what extent the values and principles that guide the performance of these institutions are effectively translated into the public perception and visibility achieved in their social media. In

addition, this metric provides concrete subsidies to integrate the objectives of technological expansion and modernization into the effectiveness of communication strategies, reinforcing the articulation between organizational identity and competitive positioning (BENDLE *ET AL.*, 2020; WIRTZ; HEMZO; LOVELOCK, 2020; FORMAGGIO, 2024).

In this context, this research proposes to answer the following question: to what extent are hospitals in the southwest region of Goiás present in the digital communication space of their local market and how does this performance, measured by SOV, contribute to the strengthening of their institutional brands?

In this sense, the objective of this case study is to examine the SOV of hospitals in the digital context of Rio Verde, GO, comparing it to its main regional competitors. In addition, the strategic implications of this analysis for the consolidation of hospital brands are discussed, seeking: (i) to measure the SOV of the HST in the dimensions of followers, engagement and views on Instagram; (ii) compare these indicators with those obtained by the HST and competing hospitals; and (iii) propose digital communication actions aimed at expanding the SOV and strengthening the institutional positioning of the HST (DOBIES HEALTH MARKETING, 2023; ONSPIRE HEALTH MARKETING, 2023).

The choice of the theme is justified by the growing relevance of digital performance metrics in hospital strategic management. The advancement of *social listening* and *web analytics* platforms offers new possibilities for monitoring reputation and engagement, allowing for more evidence-based decisions (EDMONDSON, 2024; FORMAGGIO, 2024). However, the use of indicators such as SOV is still incipient in the hospital area, especially in medium-sized institutions, which reveals a theoretical-practical gap to be explored. Understanding the relationship between SOV and brand performance allows you to align marketing investments with institutional value creation. The study thus contributes to improving communication efficiency and the return on media actions, integrating marketing into corporate strategy (AVIS, 2021; VENKATESAN; FARRIS; WILLCOX, 2021).

In addition to its contribution to the strategic alignment between marketing and institutional value, the systematic measurement of SOV represents a decisive step towards the development of data-based management models. By transforming visibility and engagement metrics into comparable indicators, SOV provides concrete inputs for investment decisions, campaign prioritization, and performance evaluation based on analytical advantage (REDAELLI; LIMA, 2025). This practice encourages the construction of a *data-driven* culture, in which hospital marketing managers can identify behavior patterns, anticipate trends, and continuously improve communication performance based on analytical evidence (RASHEDI, 2023).

Thus, from an academic point of view, this research collaborates to broaden the discussion on marketing metrics applied to the health sector, articulating classic concepts of brand performance with digital communication practices (KOTLER; KARTAJAYA; SETIAWAN, 2025). From a managerial point of view, it offers subsidies for hospital managers to improve their digital presence strategies, optimizing resources and strengthening institutional reputation. By empirically analyzing the case of HST, this research provides a practical reference on how to measure and interpret SOV as a strategic indicator in the hospital context (DOBIES HEALTH MARKETING, 2023; GENE WORLDWIDE, 2023; NOTJUSTANALYTICS, 2025).

2 THEORETICAL FRAMEWORK

2.1 SHARE OF VOICE (SOV)

The concept of SOV occupies a central role in contemporary metrics of brand performance. Traditionally, SOV is defined as an organization's share of a market's total communications, representing how much the brand is listened to compared to its competitors (TELLIS, 2019; BENDLE *ET AL*., 2020). This metric was born in the context of traditional advertising, as the percentage of a company's advertising investment in relation to the total invested in the sector. However, the digitalization of communication and the advancement of social media have substantially expanded its conceptual and methodological reach (ONSPIRE HEALTH MARKETING, 2023).

Historically, SOV has been associated with a brand's relative share of a category's advertising investments, and is strongly related to *Share of Market* (SOM). Classical empirical studies have shown that levels of *Excess Share of Voice* (ESOV) — when SOV exceeds SOM — tend to precede market share growth in the medium and long term. In digital marketing, this relationship persists, however, mediated by algorithms. Algorithmic SOV emerges when a brand's visibility depends on ranking systems, real-time auctions, attribution models, and personalization mechanisms based on behavioral data. Thus, achieving SOV does not only mean "talking more", but aligning messages, formats, and relevant signals with the computational criteria that govern the distribution of attention (WARC, 2023).

Currently, SOV is understood in a multidimensional way, incorporating not only investment in paid media, but also organic exposure and content generated by the institution itself. This expansion reflects a shift from a quantitative focus on ad volume to a qualitative perspective, which includes the ability to engage audiences and generate positive brand perceptions (BRAND24, 2023; GENE WORLDWIDE, 2023). In other words, SOV measures

brand presence and relevance across the communications ecosystem, from spontaneous mentions and news to engagement on social media and search engines.

The indicator has established itself as a central metric for understanding the relative visibility of brands in competitive environments. In digital marketing, SOV is no longer just a *proxy* for investment in paid media to become a multifaceted indicator, which incorporates presence in search engines, social networks, programmatic media, organic media, and algorithmic recommendation platforms. The expansion of the concept goes hand in hand with the structural transformation of the communication environment: today, a brand's "voice" is mediated by computer systems that select, prioritize, and personalize messages at scale. In this context, SOV comes to reflect not only the communicational intensity, but the strategic capacity of an organization to insert itself in the algorithmic flows that shape the consumer's attention, perception and, ultimately, decision.

In this context, the contribution of Matz (2025) is decisive for understanding this new approach to SOV. The author shows how psychological traits can be inferred from digital data and used to personalize communications with a high degree of effectiveness. Marketing no longer operates only on demoFigureic segments and starts to act on algorithmically inferred psychological profiles. This logic shifts the SOV from the aggregate plane to the individualized plane: the "voice" of a brand is no longer homogeneous, but fragmented into multiple versions adapted to different cognitive, emotional and motivational profiles. In strategic terms, this implies that the relevant SOV is not only quantitative, but psychologically qualified.

By articulating SOV with computational psychology, digital marketing starts to operate directly in the architecture of choice: ad systems, social *feeds*, and search engines organize the consumer's perceptual field, defining which brands are seen, in what context, and under what emotional frameworks. SOV, in this scenario, measures the ability of a brand to occupy privileged positions in this algorithmic architecture. This logic reveals that messages aligned with specific psychological traits, such as openness to experience, extroversion, or neuroticism, tend to obtain greater engagement, expanding their algorithmic circulation and, consequently, their effective SOV. Thus, applied psychology becomes a strategic multiplier of SOV, as it increases the efficiency of the visibility achieved.

Matz (2025) suggests that contemporary digital strategies integrate SOV and psychometrics at three levels, whereby SOV ceases to be a retrospective metric and becomes a predictive and adaptive instrument.

- Media planning guided by psychological data: the investment in media starts to consider not only channels and formats, but the psychological compatibility between message and inferred audience.

- Algorithmic creative optimization: content variations are continuously tested, allowing algorithms to prioritize those that maximize attention and engagement, raising relative SOV.

- Dynamic *Effective Share of Voice* (ESOV) management: brands use real-time data to adjust their communicational pressure on specific segments, seeking to exceed the average SOV of the category exactly where the psychological response is most favorable (MIDIA MARKET, 2025).

The convergence between SOV and computational psychology introduces relevant ethical dilemmas. Psychological personalization can be used both to inform and to manipulate. From a strategic standpoint, organizations that ignore these dimensions risk losing algorithmic relevance; On the other hand, the indiscriminate use of these techniques can compromise trust, reputation, and institutional legitimacy. Thus, contemporary SOV should be interpreted not only as an indicator of visibility, but as an expression of symbolic power exerted through algorithmic systems over the human mind (ABRAHAM; EDELMAN, 2024).

The most used formula for calculating SOB is (UMBREX, 2023):

$$SOV = (Brand\ Mentions\ /\ Total\ Market\ Mentions) \times 100 \qquad (1)$$

This calculation requires a basis for comparison, and it is necessary that brand mentions are analyzed in relation to those of direct competitors or the total number of market conversations, so that the metric acquires strategic meaning (BRAND24, 2023).

This SOV measurement metric, as analyzed by the SEMrush blog (2022), designates the proportion of a brand's visibility in relation to the total mentions, appearances, or mentions existing in a given market or category. It is an indicator that expresses how much a brand "speaks" and is "heard" compared to its competitors, and can be measured in different channels, from search engines and social media to paid advertising, *backlinks*, and references on specialized portals. Thus, in the contemporary context of informational saturation, the SOV represents an essential parameter to understand the symbolic and communicational presence of an organization, functioning as a predictor of market share and public recognition.

The increase in SOV is interpreted as a strategic process of expanding the authority and discursive reach of the brand. As an organization increases its visibility through more relevant content, optimized for high-intent keywords, and supported by qualified mentions, it consolidates a more robust position in the digital ecosystem. This underlines that the continuous production of pertinent content and the construction of a solid network of *backlinks*

and external mentions are among the most effective mechanisms to raise SOV. Likewise, the importance of coherence between the digital presence and local business data is highlighted, as updating information on search platforms contributes to reinforcing the visibility and credibility of the brand in specific geoFigureical spheres.

The analysis proposed by SEMrush (2022) also emphasizes that the value of the SOV is not restricted to the number of appearances, but includes the quality and sentiment of the mentions. Thus, positive interactions, favorable reviews, and organic engagement are decisive components for strengthening an organization's reputation and symbolic influence. By distinguishing the notion of "coverage" (mere frequency of mentions) from that of "effective visibility" (level of exposure and impact), proposing a more integrated view of strategic communication, in which SOV emerges as a composite metric, articulating quantitative presence and qualitative relevance in the digital public sphere.

In addition to being an indicator of presence, SOV is recognized as a predictor of market performance. Research shows that brands with SOV higher than their market share tend to expand their *market share* over time, a phenomenon known as *Excess Share of Voice* (ESOV) (GENE WORLDWIDE, 2023; ONSPIRE HEALTH MARKETING, 2023). The empirical principle "*share of voice drives share of market*" is widely documented: every 10 percentage points of ESOV above the current market share generates, on average, an additional 0.5% growth in *market share* (ONSPIRE HEALTH MARKETING, 2023).

Nielsen studies reinforce that leading brands achieve, on average, +1.4% market growth for every 10% of ESOV invested, while challenger brands register around +0.4% (ONSPIRE HEALTH MARKETING, 2023). This differential shows that SOV is not just a descriptive metric, but a strategic mechanism of competitive advantage, especially when associated with communicational consistency and message differentiation (TELLIS, 2019; DOBIES HEALTH MARKETING, 2023).

The applicability of SOV has expanded with the consolidation of digital platforms and *social listening* tools, which allow monitoring mentions, engagement, and audience sentiment in real time (EDMONDSON, 2024; FORMAGGIO, 2024). Thus, SOV can be measured in three main dimensions: (i) paid advertising: the brand's share of the sector's total investment in media; (ii) spontaneous media: proportion of mentions and coverage obtained in the press; and (iii) digital media: participation in online searches, interactions, and engagements (BRAND24, 2023; UMBREX, 2023). The segmentation of these dimensions favors more accurate analyses, allowing the identification of visibility gaps, opportunities for repositioning, and underused channels (VENKATESAN; FARRIS; WILLCOX, 2021). This approach is in line with the digital measurement model proposed by Chaffey and Ellis-Chadwick (2022), who

emphasize the integration between visibility, engagement, and conversion indicators as a way to evaluate communication performance holistically.

This segmentation also expands the strategic potential of the analysis, as it allows you to compare the brand's performance in different channels and identify growth opportunities in each of them (ONSPIRE HEALTH MARKETING, 2023). Digital monitoring tools, such as NotJustAnalytics and *social listening platforms*, make this process more accessible and dynamic, making it possible to monitor trends in real time and adjust communication actions in an agile way (AVIS, 2021; EDMONDSON, 2024; HAYES, 2025; NOTJUSTANALYTICS, 2025).

From a strategic point of view, increasing SOV requires coordinated actions that integrate consistent investment in media, channel diversification, production of relevant content, and partnerships with influencers and institutions (GENE WORLDWIDE, 2023; ONSPIRE HEALTH MARKETING, 2023). In addition, specifically in the hospital context, practices such as strengthening the patient experience, valuing real stories, and humanizing institutional discourse expand the reach and authenticity of the "brand voice" (FELTRIM *ET AL.*, 2019; ILIAS, 2021).

Maintaining high and stable SOV over time is essential to sustaining brand recognition and trust. Abrupt reductions in the volume of communication usually weaken institutional recall, requiring significantly higher investments for later recovery (TELLIS, 2019; DOBIES HEALTH MARKETING, 2023). In this sense, SOV is no longer just a visibility metric and consolidates itself as an indicator of brand health, reflecting its communicational vitality, its social relevance and its competitive potential in the market.

The analysis of the SOV must also consider the competitive and temporal context. An increase in SOV is relevant only if it occurs consistently and relative to direct competitors, reflecting not only visibility but also symbolic dominance in the market discourse (GENE WORLDWIDE, 2023). Thus, longitudinal monitoring of SOV is more informative than punctual measurements, as it allows the identification of seasonal patterns, perception oscillations, and impacts of specific campaigns (VENKATESAN; FARRIS; WILLCOX, 2021).

In addition to quantitative measurement, qualitative interpretation of SOV is equally essential. Assessing the "sentiment" associated with mentions (positive, neutral, or negative) provides a more accurate reading on the type of exposure the brand is garnering (BRAND24, 2023). In this sense, an institution may have a high SOV, but a low favorable perception, which indicates the need for strategies aimed at reputation management and image strengthening (FELTRIM *ET AL.*, 2019; ILIAS, 2021).

Another relevant contribution of the literature is the concept of *Share of Engagement* (SOE), which complements the SOV by measuring not only the volume of mentions, but the level of interaction generated by each of them, such as comments, shares, likes, and reactions (FORMAGGIO, 2024; TERRA, 2021). The joint analysis of SOV and SOE provides a broader view of communication performance, allowing the differentiation of passive visibility from active influence.

Measuring SOV in practice means integrating data of different natures, such as financial, media, and behavioral, to understand the degree of presence, engagement, and reputation of the brand. When systematically monitored, SOV becomes a marketing metric and an indicator of strategic intelligence capable of guiding decisions on positioning, differentiation, and institutional strengthening in the long term (BENDLE *ET AL.,* 2020; DOBIES HEALTH MARKETING, 2023; ONSPIRE HEALTH MARKETING, 2023).

Recent literature also associates SOV with broader dimensions of reputation and experience in the health sector. Patient satisfaction and loyalty, as highlighted by Zielke (2021), are decisive for strengthening trust in the hospital brand and directly influence the way the public perceives institutional communication. In this sense, SOV can be interpreted not only as an indicator of exposure, but as part of an ecosystem of reputation metrics that articulate engagement, trust, and loyalty. In addition, the incorporation of complementary indicators, such as Share *of Search*, proposed by Binet and Field (2018) and Binet (2020) as a modern metric of visibility and search intent, allows for more precise triangulations between brand recognition and digital behavior, enriching the strategic analysis of hospital presence in online environments.

2.2 SOV IN THE HOSPITAL SECTOR

In the context of health, the concept of SOV applies with particularities. Hospitals and health networks compete for patients and the best professionals, investing in institutional communication, service marketing and *branding*. In large metropolitan markets, it is common for dozens of hospitals to compete for attention, with a high volume of simultaneous advertising (DOBIES HEALTH MARKETING, 2023).

Market-leading hospitals tend to sustain high SOVs to protect their position. The marketing leadership of this system recognized the principle that SOV drives SOM, and so they are looking for more efficient ways to keep up with competitors' activity and their own share of voice (DOBIES HEALTH MARKETING, 2023).

In terms of *benchmarking*, the healthcare sector typically has SOV values distributed between 15% and 30% for established brands (UMBREX, 2023), but it is important to

highlight that measuring SOV in the hospital sector requires specific ethical and methodological care. Unlike commercial brands, healthcare institutions deal with sensitive information and people's well-being. Thus, the collection and interpretation of data must value the privacy of users and the reliability of sources, ensuring that the indicator is used to improve institutional communication, and not as an instrument of merely advertising competition (FELTRIM *ET AL.,* 2019; ILIAS, 2021; STRAUSS, 2024).

SOV analysis can also contribute to more advanced segmentation approaches, such as "psychological segmentation" (MATZ, 2025), which proposes to understand the audience not only by demoFigureics, but by personality traits, motivations, and values inferred from digital behavior. By combining SOV monitoring with engagement and sentiment analysis, it is possible to identify the emotional styles that predominate in clients and adjust the tone of institutional messages according to the psychological profile of the target audience. In the hospital context, this integration between visibility data and psychometrics offers a promising way to strengthen the emotional bond and trust of patients and their families in the brand.

This approach can be correlated with the *Net Promoter Score* (NPS) performance indicator, widely used in the hospital sector, whereby authentic patient loyalty is related to how much they are willing to give voice to the brand (REICHHELD; MARKEY; DALLO, 2021). Following the logic of SOV, each patient classified as an NPS promoter acts as a voice amplifier. Thus, the NPS feeds the SOV: the greater the number of promoters, the greater the organic reach and the strength of the institutional voice. This relationship contributes to understanding the feelings and intentions behind those who experience the service and how willing they are to boost and expand the brand's voice (REICHHELD; MARKEY; DALLO, 2021; MATZ, 2025). Therefore, by relating the patient's journey cycle, in which he is well attended, welcomed and becomes a promoter. It is perceived that communication aligned with the psychological profile and values of the public creates more relevant messages, which amplify the brand's presence and attract new patients.

3 METHODOLOGY

This research, of a qualitative-quantitative nature, adopts the descriptive case study method, aimed at analyzing the digital performance of HST in comparison with its main local competing hospitals.

According to Ellet (2023), the case study is an appropriate methodological strategy to understand contemporary phenomena in their real context, especially when the boundaries between the phenomenon and the environment are not clearly delimited. This method

enables the detailed investigation of the hospital's digital communication practices and their relationship with the SOV metric, a central element of this work.

This is a descriptive research, since it seeks to present, based on measurable data, the behavior and analysis of the digital performance of HST in relation to the local market (SHARDA; DELEN; TURBAN, 2026). The quantitative approach is based on the collection, tabulation and interpretation of objective social media indicators (number of followers, engagement and views) obtained through digital monitoring tools. This methodological combination allows translating the hospital's communication performance into comparable and replicable metrics (VENKATESAN; FARRIS; WILLCOX, 2021).

For measurement purposes, the SOV indicator was operationalized as the percentage proportion of the HST's digital presence in relation to the total presence obtained by the three direct competitors. The metric was calculated independently in three dimensions: followers, engagement (interactions, likes, and comments), and views.

The data were collected from the official accounts on the social network Instagram of the three hospitals, considering the period between 08/01/2025 to 01/31/2026, in order to capture a sufficiently representative interval to measure the digital presence. This time frame was defined as corresponding to a period of institutional activity, allowing a balanced comparison between the brands. According to Edmondson (2024), short and controlled observation windows are suitable for studies that aim to measure communicational performance in digital media, given the rapid volatility of content and the constant updating of distribution algorithms.

The universe of analysis comprises the digital hospital ecosystem of the city of Rio Verde (GO), which concentrates the main private health institutions in the southwest region of the state. The sample was composed of regional hospitals with a significant digital presence: HST, HCRV and HURV. This selection followed the criterion of communicational relevance and comparability, since the three institutions operate in similar markets and segments and use active strategies of presence in social media.

The unit of analysis of the study is the digital performance of hospitals, measured by the SOV in its three main dimensions: (i) follower base; (ii) engagement (interactions, likes, comments, and shares); and (iii) views of content on Instagram. The social network Instagram was chosen because it currently represents the platform with the greatest interaction and return for brands in the health area (TERRA, 2021; MEANINGFUL MARKETING, 2024).

The data were collected through secondary sources, using the NotJustAnalytics tool (2025), recognized for its accuracy in analyzing the performance of Instagram profiles. This platform generates consolidated metrics of reach, engagement, and growth, allowing the

comparison between different accounts in the same sector. Monitoring and *social listening reports* obtained from open sources, such as BRAND24 (2023) and GENE WORLDWIDE (2023), which offer complementary data on mentions and digital visibility, were also used.

In addition to the NotJustAnalytics tool, the study was complemented by the use of mLabs software, a Brazilian social media management and analysis platform that integrates performance data from different channels, such as Instagram, LinkedIn, Facebook and YouTube. The software allows you to schedule publications, monitor engagement, measure audience growth, and generate comparative reports between corporate accounts. These functionalities make mLabs a robust alternative for longitudinal SOV tracking, offering consolidated views and dashboards that can enhance the collection and interpretation of digital metrics (MLABS, 2025).

The quantitative analysis consisted of calculating the SOV of each hospital. This metric was applied individually to each dimension (followers, engagement, and views), making it possible to identify the relative share of HST in the industry's digital communications set. The data were tabulated in electronic spreadsheets and compared with reference indicators available in the digital and hospital marketing literature (ONSPIRE HEALTH MARKETING, 2023; DOBIES HEALTH MARKETING, 2023; BENDLE *ET AL*., 2020).

In addition to the percentage measurement, the results were subjected to a contextual interpretative analysis, which considered the strategic positioning and coherence of communication actions with HST's institutional philosophy (HST, 2026), considering that, as defended by Avis (2021) and Formaggio (2024), the analytical value of digital metrics is only realized when articulated with brand objectives, institutional identity and relationship strategies with the public.

The validation of the data was based on the triangulation of sources: crossing between results obtained via NotJustAnalytics and information available in complementary monitoring platforms, such as Google Analytics, BRAND24 and public reports of the hospitals surveyed. This approach ensures greater reliability to the conclusions, avoiding distortions arising from methodological variations between the tools (EDMONDSON, 2024; FORMAGGIO, 2024). The combination of metrics from different platforms follows the recommendations of Chaffey and Ellis-Chadwick (2022), who highlight the importance of consolidating *social listening* and *web analytics* data to obtain a systemic view of the brand's digital presence.

Finally, to complement the analysis, integrated performance metrics from Google Analytics and Google Ads were analyzed, according to the practices recommended by Marshall, Todd and Rhodes (2020) and Turchi (2025), in order to increase accuracy in measuring reach and digital conversion.

Among the limitations of the study, the following stand out: (i) the reduced time frame, which does not allow long-term inferences; (ii) the restriction to the social network Instagram, without considering other relevant channels, such as LinkedIn and Facebook; and (iii) the absence of qualitative data on the content and tone of the interactions, which could enrich the analysis of the SOV. Such limitations, however, do not compromise the central objective of the study, which is to measure the relative position of HST in the local digital scenario and indicate strategic paths for improvement.

Regarding ethical aspects, the study respected the principles of confidentiality and responsible use of digital information. Public data were used exclusively, without individual identification of users, according to the guidelines of good research practices in digital environments (FELTRIM *ET AL.*, 2019; ILIAS, 2021). This ensures that the monitoring and interpretation of SOV in the hospital context serve as instruments of strategic management, and not of undue exposure or competition between health institutions.

The use of the descriptive case study and quantitative analysis makes it possible to understand how HST positions itself in the digital communication environment and how it can enhance its SOV in a sustainable way. This methodology, by aligning *business intelligence* and *web analytics instruments* (FORMAGGIO, 2024; SHARDA; DELEN; TURBAN, 2025), contributes to measuring results and generating knowledge applicable to the strategic management of hospital brands.

The method adopted seeks to maintain coherence between the conceptual structure and the empirical operationalization of the research, ensuring transparency and consistency between the objectives and the results, according to the guidelines of analytical rigor proposed by Ravitch and Riggan (2016).

4 RESULTS AND DISCUSSION

The analysis of the collected data reveals a detailed overview of HST's digital positioning in the health communication ecosystem of its region of operation. The study compared the performance of HST with HCRV and HURV, considering the three core dimensions of SOV: (i) follower base; (ii); and (iii) level of engagement and content views on Instagram.

The results indicate that HST holds 29.2% of the total follower base among the top three hospitals in the region, slightly behind HURV (29.7%) and HCRV (41.1%). This distribution suggests a consolidated digital presence, but still below the brand's potential considering its historical and regional relevance, as shown in Figure 1. Although audience size is not the only indicator of influence, the literature shows a positive correlation between

breadth of reach and the ability to maintain sustainable *brand awareness* (BENDLE *ET AL.*, 2020; WIRTZ; HEMZO; LOVELOCK, 2020). Thus, expanding the base of qualified followers, that is, followers belonging to the institution's target audience (patients, family members, and health professionals), should be a short- and medium-term strategic goal.

Figure 1

SOV by followers
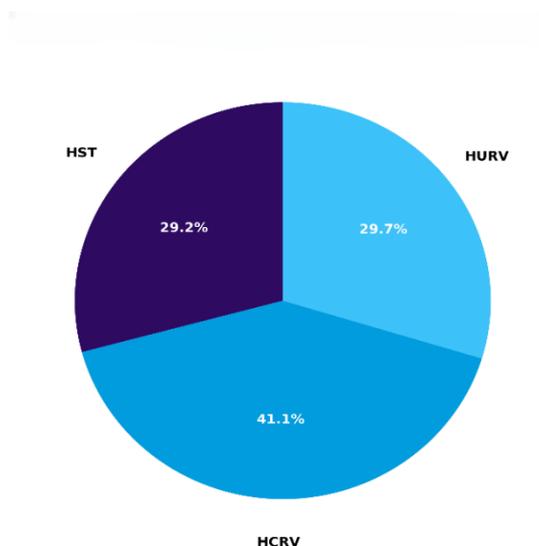
Source: Prepared by the authors.

The organic growth of digital presence can be enhanced by segmented visibility campaigns, consistent use of institutional *hashtags*, and strategic integration with offline channels, reinforcing the coherence between digital presence and institutional reputation (ILIAS, 2021; DOBIES HEALTH MARKETING, 2023). When the focus is on engagement, the results become even more expressive: in the period from 08/01/2025 to 01/31/2026, HST concentrated, on average, 59.4% of SOV in engagement, consistently surpassing its direct competitors, HCRV, with 31.4%, and HURV, with 9.2%, as shown in Figure 2. These findings indicate that, despite not having the largest follower base, HST has a greater capacity for mobilization, dialogue and symbolic resonance with its audience.

This result corroborates the concept of "immersive marketing" proposed by Kotler, Kartajaya, and Setiawan (2023), according to which engagement becomes the main indicator of brand vitality and relevance. In this context, the superiority of HST in engagement may be associated with the quality of the content produced, the recurrent use of humanized narratives, and communicational consistency, factors that favor the creation of deeper and more sustainable emotional bonds with the audience.

Figure 2

SOV by Engagement
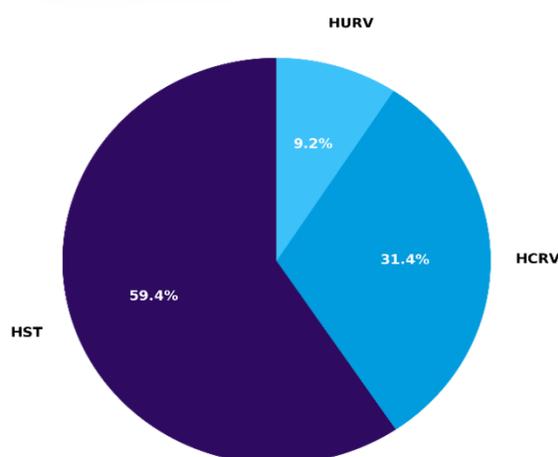
Source: Prepared by the authors.

High engagement also reflects the efficiency of a people-centered strategy (patients, professionals, and community) and reinforces brand authenticity, an essential aspect in the health sector (FELTRIM *ET AL.,* 2019; ILIAS, 2021).

In the visualizations dimension, HST demonstrates an even more significant advantage. The HST concentrated, on average, 62% of the total views of the publications analyzed, consistently surpassing the HCRV, with 29.4%, and the HURV, with 8.6%, as shown in Figure 3. This predominance suggests technical and creative mastery in the production of audiovisual content, especially in *reels* and short videos, formats recognized for their high capacity to amplify organic reach and favor algorithmic delivery on digital platforms (MEANINGFUL MARKETING, 2024; MUNHOZ, 2024).

The results obtained by HST are above the averages reported for the hospital sector, in which the average share of views tends to vary between 40% and 50% in competitive regional markets (ONSPIRE HEALTH MARKETING, 2023). Such performance indicates that the institution was able to convert its digital communication into a strategic and effective channel for the dissemination of institutional messages, preventive health campaigns and actions to value its multiprofessional team.

The comparative analysis shows that, although HCRV has the largest follower base, HST has a greater capacity to transform exposure into effective visibility, characterized by sustained attention and recurrence of content consumption. This combination, high participation in views combined with high levels of engagement, reveals a more efficient communication in the conversion of reach into interaction and attention into symbolic

bonding, two central pillars for strengthening hospital *brand equity* (BENDLE *ET AL*., 2020; AVIS, 2021).

Figure 3

SOV by Views
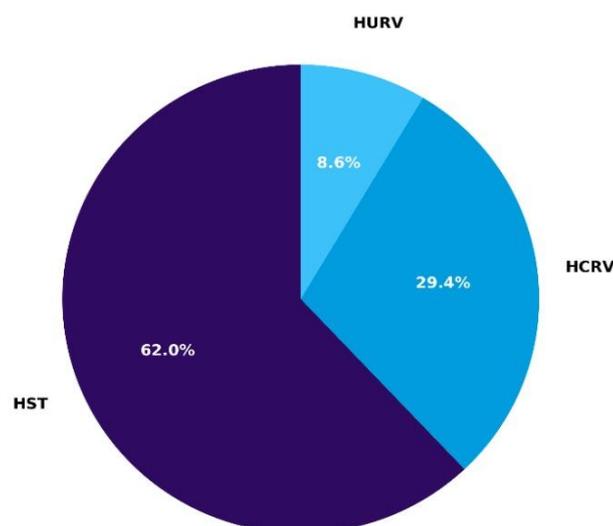
Source: Prepared by the authors.

In addition to the three main competitors, other local institutions, such as Hospital Evangélico (HE), with 6,314 followers, and Prover Hospital Dia (PHD), with 8,534 followers, were mapped, although they still have low digital relevance. These emerging *players*, however, may change the competitive landscape as they invest in visibility campaigns or regional partnerships, which reinforces the importance of continuous monitoring of SOV and SOE (FORMAGGIO, 2024).

The survey findings indicate that HST is in an intermediate maturity phase in its digital presence: it has above-average engagement and reach, but still lacks scale in its follower base and channel diversification.

Three factors seem to explain the good performance of HST: (i) narrative consistency: communication maintains coherence with its institutional values (HST, 2026); (ii) appreciation of human capital: doctors, employees and patients and their families are protagonists of the publications, which increases authenticity and empathy; and (iii) adoption of high-impact formats: frequent use of *reels*, testimonials, and hospital backstage, according to Instagram Marketing best practices (LARROSSA, 2021; TERRA, 2021).

However, HST can still strengthen its performance by expanding its presence to complementary platforms (LinkedIn, Facebook, YouTube) and investing in brand sentiment

monitoring, analyzing the quality of mentions and the tone of interactions (positive, neutral, or negative). This performance reinforces the importance of the audiovisual strategy as a vector for organic reach growth. According to the YouTube Creator Academy (2025), the use of short videos and visual *storytelling* is one of the most effective approaches to expand audience discovery and retention, which applies directly to good hospital communication practices in the digital environment.

To enrich the study, it is possible to analyze recent studies that reinforce the importance of SOV as a performance indicator in the hospital sector, allowing us to establish useful comparisons with the case of HST. A survey conducted by Dobies Health Marketing (2023) with 54 North American hospital systems revealed that institutions with SOV greater than 50% recorded an average growth of 12% in brand awareness and 8% in patient choice intention in the period of one year. A similar study by Onspire Health Marketing (2023) analyzed 25 regional hospitals and identified a positive correlation between SOV and the volume of scheduled appointments, demonstrating that each percentage point increase in SOV generates, on average, an increase of 0.7% in searches for the hospital brand.

In addition, analyses conducted by Umbrex (2023) indicate that large hospitals maintain an average SOV of 25% to 30% in competitive digital environments, while philanthropic and regional institutions rarely exceed 20%, which makes the HST result, with 58.8% in engagement and 65.5% in views, exceptional in its context. These findings reinforce that HST's performance not only confirms the effectiveness of its communication, but also positions it above international *benchmarks* of hospital digital presence. The performance of HST, by demonstrating high levels of engagement and views even with a smaller follower base, empirically confirms the thesis that the symbolic value of the brand is built by the quality of interaction, discursive coherence and the humanization of digital presence, principles consistent with international evidence on hospital marketing based on reputation and engagement metrics.

It is possible to establish a plausible analytical correlation between the SOV and the HST Net Promoter Score (NPS), as both indicators were measured in the same institution and reflect complementary dimensions of the organizational experience. While the SOV expresses the relative visibility and communicational effectiveness of the hospital in the digital environment, especially in terms of engagement and symbolic reach, the NPS captures the willingness of patients to recommend the institution, functioning as a proxy for trust, satisfaction, and relational bonding (ADAMS *et AL.*, 2022; QUALTRICS, 2022; D'AVILA *ET AL.*, 2024).

Both metrics, although distinct in their nature, SOV focused on brand visibility and voice presence in the market and NPS on willingness to recommend and customer loyalty, are widely used as strategic indicators in the field of marketing and *customer experience* (NEWMAN; MCDONALD, 2023). This means that, even without consolidated empirical evidence of direct correlation, it is acceptable to argue conceptually that greater visibility and competitive presence (SOV) can positively influence brand perceptions and, consequently, customer experience and NPS, especially in contexts where engagement and public reputation translate into greater customer trust and expectations. aspects that the satisfaction metrics literature recognizes as relevant to loyalty and recommendation (the central focus of NPS (BAEHRE, 2023).

NPS is a widely used methodology to measure the perception of satisfaction and loyalty of users in relation to services, including the health sector. The indicator is based on the question: "On a scale of 0 to 10, how much would you recommend Hospital Santa Terezinha as an entity that offers comprehensive care with excellence, through multiprofessional teams, science, safety and welcoming, promoting health for our patients and their families?" The answers are classified into three groups: promoters (grades 9 and 10), neutrals (grades 7 and 8) and detractors (grades 0 to 6). The NPS is calculated by the percentage difference between promoters and detractors, resulting in a score ranging from −100 to +100.

The evolution of the HST NPS, as shown in Table 1, indicates that the better performance of the HST in engagement and views, despite a smaller follower base, suggests narrative coherence, institutional authenticity, and alignment between public discourse and care practice, elements that the literature recognizes as relevant antecedents of patient loyalty. Thus, the increase in qualitative SOV tends to reinforce positive expectations, reduce information asymmetries and strengthen the perception of value, creating a favorable symbolic environment that materializes, in the care plan, in better evaluations of the patient experience and, consequently, in higher NPS. Although the indicators operate at different levels — one communicational and the other experiential — the findings indicate that both can be interpreted as parts of the same ecosystem of institutional value generation, in which effective communication, trust, and recommendation consistently feed each other.

Table 1

HST NPS Survey – August/2025 to January/2026

Setor	Mês	Atendimentos	Respondentes	% Amostra	Promotores	Neutros	Detratores	Promotores	Neutros	Detratores	NPS (%)
Apartamentos	Agosto	90	28	31,11%	17	8	3	60,71	28,57	10,71	50,0
	Setembro	82	7	8,54%	5	1	1	71,43	14,29	14,29	57,1
	Outubro	92	11	11,96%	10	1	0	90,91	9,09	0,00	90,9
	Novembro	68	45	66,18%	38	6	1	84,44	13,33	2,22	82,2
	Dezembro	92	31	33,70%	26	5	0	83,87	16,13	0,00	83,9
	Janeiro	81	23	28,40%	19	4	0	82,61	17,39	0,00	82,6
Enfermarias	Agosto	96	40	41,67%	26	14	0	65,00	35,00	0,00	65,0
	Setembro	148	12	8,11%	10	2	0	83,33	16,67	0,00	83,3
	Outubro	117	11	9,40%	8	3	0	72,73	27,27	0,00	72,7
	Novembro	107	47	43,93%	30	16	0	63,83	34,04	0,00	63,8
	Dezembro	116	45	38,79%	35	10	0	77,78	22,22	0,00	77,8
	Janeiro	139	27	19,42%	24	3	0	88,89	11,11	0,00	88,9
Pronto Atendimento	Agosto	1217	89	7,31%	74	11	4	83,15	12,36	4,49	78,7
	Setembro	1273	126	9,90%	115	8	3	91,27	6,35	2,38	88,9
	Outubro	1259	157	12,47%	140	15	2	89,17	9,55	1,27	87,9
	Novembro	1156	210	18,17%	197	10	3	93,81	4,76	1,43	92,4
	Dezembro	1153	107	9,28%	104	2	1	97,20	1,87	0,93	96,3
	Janeiro	1287	302	23,47%	289	3	10	95,70	0,99	3,31	92,4
UTI	Agosto	45	3	6,67%	2	1	0	66,67	33,33	0,00	66,7
	Setembro	48	11	22,92%	9	2	0	81,82	18,18	0,00	81,8
	Outubro	50	6	12,00%	5	1	0	83,33	16,67	0,00	83,3
	Novembro	38	22	57,89%	18	3	0	81,82	13,64	0,00	81,8
	Dezembro	34	9	26,47%	9	0	0	100,00	0,00	0,00	100,0
	Janeiro	42	22	52,38%	20	2	0	90,91	9,09	0,00	90,9
TOTAL	Agosto	1448	160	11,05%	119	34	7	74,38	21,25	4,38	70,0
	Setembro	1551	156	10,06%	139	13	4	89,10	8,33	2,56	86,5
	Outubro	1518	185	12,19%	163	20	2	88,11	10,81	1,08	87,0
	Novembro	1369	324	23,67%	283	35	4	87,35	10,80	1,23	86,1
	Dezembro	1395	192	13,76%	174	17	1	90,63	8,85	0,52	90,1
	Janeiro	1549	374	24,14%	352	12	10	94,12	3,21	2,67	91,4

Source: Lima *et al*. (2026).

The comparison between the SOB and NPS indicators reveals a consistent convergence between communication performance and the patient's perceived experience in the HST. From the point of view of the SOV, the HST occupies an intermediate position in the follower base (≈29.2%), but leads significantly in the qualitative dimensions of the SOV: engagement (≈59.4%) and views (≈62%). This pattern indicates a high capacity to transform potential reach into effective attention and recurrent interaction, characterizing a qualitative SOV superior to competitors. In parallel, NPS data show high and increasing levels in the period August/2025–January/2026, with total monthly NPS ranging approximately from 70.0 to 91.4, and a strong predominance of promoters (typically >85% in the final months), especially in the Emergency Service, where NPS peaks above 90% in November, December, and January.

The joint evaluation suggests that the SOV dimensions closest to the subjective experience (engagement and content consumption) are those that best "dialogue" with the NPS: months and sectors with greater interaction intensity and views coexist with greater willingness to recommend. Although it is not a formal statistical correlation, the analytical correlation is robust: HST converts visibility into symbolic link (engagement), and this link

finds behavioral expression in the high NPS (recommendation). In terms of central findings, the following stand out: (i) decoupling between audience size and relational value — it is not the larger follower base that explains NPS, but the quality of interaction; (ii) leadership in qualitative SOV as a plausible antecedent of trust and loyalty; and (iii) narrative coherence between humanized communication (high engagement/views) and perceived care experience (high and stable NPS). Thus, SOV (especially engagement and views) and NPS can be interpreted as complementary indicators of the same ecosystem of institutional value generation, in which effective communication, trust, and recommendation reinforce each other in the hospital context.

Recent studies reinforce that the consistent digital presence of health institutions on social networks is directly associated with building trust and the public's perception of quality. The *CARE in Social Media* survey, conducted by Rijcken, Vos, and Van Zoonen (2021) with hospital communication experts in Europe, showed that a high SOV, when accompanied by humanized and consistent messages, strengthens the reputation and public image of hospitals. These results corroborate the evidence obtained in the case of HST, demonstrating that a proactive digital presence, based on analytical metrics and empathetic communication, is a key factor for brand recognition and patient preference in competitive healthcare environments.

The analysis of the results of this study can also be enriched in the light of recent international research exploring the relationship between digital marketing, social media engagement and institutional performance in the hospital sector. These works reinforce the relevance of SOV as a strategic evaluation metric, while pointing to new paths for the integration between digital presence and brand perception.

Chandra and Nadjib (2023) conducted a systematic review on digital marketing in hospitals, highlighting that the active presence on social networks and the monitoring of communication performance indicators, including SOV, are directly associated with the expansion of public trust and the consolidation of institutional reputation. The authors observe that, in competitive environments, hospitals that align humanized content with the measurement of digital visibility achieve greater organic engagement and patient loyalty, a result consistent with HST's performance in the dimensions of engagement and views.

Similarly, Sohel (2024) investigated the impact of digital strategies on hospital marketing performance and concluded that the integration of social media, SEO, and online advertising significantly enhances brand reach and recall. This finding reinforces the need for HST to adopt multichannel strategies and expand its operations beyond Instagram, in line with the expansion recommendation presented in this study.

Wati, Sriatmi and Arso (2025), in a literature review on the use of digital platforms in health marketing, point out that the systematic management of metrics such as SOV and SOE contributes to strengthening the emotional bond between the institution and patients and families. The authors emphasize that audiovisual content, when produced in an empathetic and coherent way with institutional values, is decisive to raise the perception of quality and credibility, a finding that is directly aligned with the HST strategy, centered on humanized narratives and the protagonism of professionals and patients.

The work by Kohli *et al*. (2017) on hospitals in emerging markets shows that market orientation and active listening to public demands, summarized in the expression "*listening to the voice of the patients*", are critical factors for institutional performance and brand strengthening. This approach broadens the understanding of SOV not only as a communication metric, but as an indicator of organizational maturity and strategic sensitivity to social expectations.

Together, these studies corroborate the conclusion that contemporary hospital competitiveness increasingly depends on the ability to transform digital visibility data into strategic intelligence.

Finally, the report *PR and Earned Media Measurement: 2024–2025* (BRITOPIAN, 2025) repositions SOV in the field of communication and public relations measurement, recognizing its historical relevance as a comparative indicator, but highlighting its analytical limitations when used in isolation. Traditionally used to measure the relative participation of an organization in the total volume of media mentions in a given sector, the SOV remains widely disseminated in professional practice, although it has been increasingly questioned as to its ability to show real impact on organizational results.

The report highlights an important conceptual transition: the shift of SOV as a purely quantitative metric to approaches that incorporate qualitative and contextual dimensions. In this sense, the notion of Qualified SOV emerges, in which the SOV is analyzed in the light of the feeling associated with the mentions, the adherence to strategic messages and the relevance of the audience reached. This evolution reflects the growing criticism of vanity metrics, which privilege volume over meaning, and reinforces the need to evaluate not only how much an organization is mentioned, but how it is represented in the public debate.

Among the developments of this perspective, the report emphasizes the concept of *Share of Positive Voice* (SOPV), understood as the proportion of favorable mentions in relation to the total coverage of the sector. Such an approach confers greater analytical density to the SOV, by linking it to constructs such as reputation, trust and symbolic

legitimacy. In this way, communication performance is interpreted not only by relative visibility, but by the evaluative quality of this visibility in relation to competitors.

The study also places SOV as an indicator predominantly associated with the top of the communication and marketing funnel, especially with regard to building awareness and competitive positioning. However, he points out that its strategic usefulness depends on articulation with deployment metrics, such as qualified traffic, brand searches, lead generation, and brand health indicators. Thus, the SOV is no longer treated as a *proxy* for direct financial return and becomes part of broader impact assessment systems.

Despite its wide use, the report shows a relevant degree of skepticism regarding the SOV. A significant portion of communication professionals express distrust as to its accuracy, especially when the indicator is calculated exclusively from the volume of mentions, without weighting by the authority of the outlets, the influence of the issuers or suitability for the strategic audience. This criticism reinforces the need for more rigorous methodological criteria and transparency in measurement processes.

Finally, the study defends the use of SOV as a comparative and contextual metric, particularly useful for *sector benchmarking*, monitoring narratives and analysis of symbolic competitiveness between organizations, as used in this research. Its analytical value, however, depends on its insertion in integrated measurement frameworks, such as those oriented by results and impacts, and its combination with qualitative and behavioral indicators. In this framework, the SOV is reaffirmed as a necessary but insufficient indicator, whose scientific and managerial contribution lies less in its isolated explanatory capacity and more in its articulation with metrics that capture organizational meaning, perception, and effects.

According to this analysis of results, the following suggestions have been analyzed by the HST's senior management to serve as marketing strategies (KELLER; SWAMINATHAN, 2020; KHAMITOV, 2024; STRAUSS, 2024; KARANTONIS *ET AL.*, 2025; MONFORT; BELEN; SEBASTIAN-MORILLAS, 2025):

- Transition from SOV to *Share of Preference* (SOP) and *Share of Trust* (SOT): when the hospital already leads the SOV, the strategic challenge is no longer visibility and becomes preference and trust. Communication should migrate from increasing exposure to deepening the symbolic bond with the community, reinforcing attributes such as patient safety, quality of care, clinical ethics and social commitment. The focus is on transforming voice leadership into leadership of choice.

- Patient-journey-driven communicational segmentation: SOV leadership allows you to move towards more segmented and less massified communication. Strategies should

consider different journeys — prevention, diagnosis, treatment, rehabilitation, and long-term care — with specific messages for each stage. The goal is to replace generic campaigns with contextualized content, increasing relevance without increasing the volume of communication.

- Consolidation of the hospital as a cognitive and scientific reference: leading SOV hospitals have the opportunity to position themselves as a regional cognitive authority in health. Strategies include systematic production of clinically validated educational content, active participation of physicians and researchers in institutional communication, and strengthening of presence in public debates on health. This shifts the SOV from the promotional field to the field of knowledge.

- Qualified spontaneous media strategy: with high SOV, expanding paid media tends to generate diminishing marginal returns. The priority becomes the qualified spontaneous media: reports, technical interviews, opinion articles and institutional presence in agendas of public interest. The hospital starts to "lend" its voice to relevant issues, reinforcing legitimacy and reducing the risk of wear and tear due to overexposure.

- Active management of reputation and communication risk: leading the SOV increases exposure to reputational crises. Marketing strategies must be integrated with robust systems for monitoring media, social networks, and public sentiment. Rapid response protocols, transparent communication, and alignment between marketing, clinical management, and governance become strategic assets, not just defensive mechanisms.

- Strategic humanization of the hospital brand: SOV leadership creates space for more humane and less institutional narratives. Care reports, stories of multiprofessional teams, patient experiences, and community initiatives reinforce empathy and proximity. Humanization should not be episodic, but structured as a permanent axis of institutional communication.

- Integration between marketing, quality, and patient experience: SOV leading hospitals must align marketing with the actual experience delivered. Strategies include the use of patient experience indicators (such as satisfaction and perceived safety) as inputs for communication, avoiding dissonance between promise and practice. Marketing starts to amplify what is already effectively experienced in care.

- Differentiation by value, not volume: instead of communicating "more", the hospital should communicate "better". SOV leadership allows you to reduce promotional pressure and invest in differentiation by value: clinical excellence, care outcomes,

responsible innovation, and social impact. This approach protects the brand against trivializing the media presence.

- Digital strategy based on depth and not reach: in the digital environment, the priority must be retention, recurrence and deepening of the relationship. Proprietary platforms, such as website, patient portal, newsletters and educational environments, become central. The goal is to transform an audience into an informed community, reducing dependence on reach algorithms.

- Institutional consolidation and regional legacy: SOV leading hospitals can and should communicate purpose and legacy. Institutional marketing strategies can highlight the hospital's role in regional development, in the training of health professionals, and in the sustainability of the local system. This broadens the brand's horizon beyond immediate competition, reinforcing its position as an essential institution.

Leadership in SOV can create structural conditions for HST to move towards more sophisticated strategies of symbolic relationship with its audiences. In environments of high informational asymmetry and perceived risk, such as the health sector, communicational visibility, when sustained by consistent care performance, can evolve into forms of deep engagement that the literature recognizes as "institutional *advocacy*". Unlike traditional promotion, *advocacy* emerges when relevant audiences spontaneously begin to defend, recommend, and legitimize the institution in the public space.

The concept of *advocacy* in marketing refers to voluntary brand advocacy behaviors, in which consumers or *stakeholders* act as informal spokespersons, influencing third parties through recommendations, personal narratives, and social validation (KELLER, 2016; WARC, 2023). In high-involvement services, studies indicate that *advocacy* is strongly associated with trust, accumulated satisfaction, and symbolic identification with the organization (KELLER; SWAMINATHAN, 2020). In the hospital context, these elements assume amplified relevance, since choice decisions are marked by uncertainty, emotional vulnerability, and dependence on institutional credibility.

The relationship between SOV and *institutional advocacy* is not direct, but mediated by SOP and SOT. Evidence suggests that visibility, in isolation, generates recognition, but only coherence between institutional discourse and real care experience is capable of producing lasting trust (WARC, 2023). When this trust is consolidated, the preference is no longer just behavioral and starts to assume a normative character, in which individuals feel motivated to recommend and defend the institution as part of their own social identity.

In the case of regional SOV leading hospitals, *institutional advocacy* manifests itself in a particular way. Patients and family members who live positive care experiences become

spontaneous defenders of the institution; health professionals start to act as symbolic ambassadors; and the local community began to associate the hospital with collective values, such as safety, technical excellence and social commitment.

From a strategic standpoint, institutional *advocacy* represents a natural evolution for hospitals that already lead the SOV. Instead of expanding the volume of communication, the organization starts to invest in creating conditions for legitimate narratives to emerge from the real experience of the audiences. This includes institutional communication driven by transparency, production of scientifically validated educational content, openness to public dialogue, and appreciation of human stories of care. Such practices reinforce the legitimacy of the institution and expand the symbolic reach of its voice without proportional dependence on paid media (WARC, 2023).

The literature also indicates that *institutional advocacy* plays a relevant role in reputational resilience. Organizations with active communities of advocates tend to face crises with greater symbolic sustaining capacity, since the accumulated trust acts as a cognitive buffer in the face of adverse events. In the hospital sector, this resilience is particularly relevant, given the potential reputational impact of care failures or public controversies (FARRIS *et AL.*, 2010; MACHADO, 2021).

Thus, institutional *advocacy* can be understood as a second-order strategy, derived from leadership in SOV, but oriented to the symbolic sustainability of the HST hospital brand. It should not be artificially induced or treated as a direct promotional objective, but as a consequence of perceived excellence, institutional coherence and ethical commitment to patients and the community.

5 CONCLUSION

The contemporary marketing literature recognizes that SOV, while remaining relevant as an indicator of competitive visibility, is insufficient to explain sustainable performance in markets characterized by high information asymmetry and high perceived risk, such as the hospital sector. Organizations that have already achieved regional leadership in SOV face diminishing marginal returns when expanding communicational exposure, which shifts strategic focus to relational and cognitive metrics, such as SOP and SOT (ONSPIRE HEALTH MARKETING, 2023; GENE WORLDWIDE, 2023).

The SOP expresses the proportion of consumers who, faced with available alternatives, express a consistent preference for a brand. It is a construct resulting from the interaction between service experience, perception of quality, institutional reputation and accumulated trust. In the hospital context, the preference is not formed only by

communicational stimuli, but by the convergence between perceived clinical performance, patient safety, and institutional coherence over time.

Brand trust plays a central role in this process from SOT. In health services, in which the patient does not have sufficient technical knowledge to fully assess the quality of care, trust acts as a cognitive mechanism for reducing uncertainty and simplifying decision-making. The literature shows that trust precedes preference and mediates the relationship between institutional communication and effective choice of health service provider.

The relationship between SOV, PCOS and SOT can be understood as hierarchical and cumulative. SOV establishes presence and remembrance; trust converts this presence into credibility; and preference consolidates the brand as a priority choice. In SOV leading hospitals, the effective marketing strategy is not to amplify the intensity of communication, but to qualify the meaning of the exposure already gained.

In this sense, hospitals with consolidated SOV leadership must reorient their strategies towards converting visibility into trust and preference. A first strategic implication is the transition from the promotional focus to the strengthening of the SOT, through institutional communication centered on care safety, clinical ethics, transparency, and commitment to the community. Voice leadership creates conditions for the hospital to position itself as a regional cognitive and scientific reference, producing and disseminating validated educational content, with the active participation of health professionals and researchers.

Another strategic guideline consists of communicational segmentation guided by the patient's journey. Instead of mass campaigns, SOV leading hospitals tend to be more effective by developing specific narratives for different moments of the health experience — prevention, diagnosis, treatment, rehabilitation, and long-term care. This approach increases perceived relevance and contributes to the formation of sustained preference, without the need to increase the volume of communication.

The prioritization of qualified spontaneous media is also a coherent strategy with SOV leadership. Reports, technical interviews, and institutional participation in public debates of health interest reinforce legitimacy and trust, while reducing the risk of attrition associated with advertising overexposure. In this arrangement, the hospital "lends" its voice to issues of collective interest, shifting the SOV from the promotional field to the field of institutional authority.

SOV leadership also requires active management of reputation and communication risk. The higher the visibility, the greater the sensitivity to critical events and negative perceptions. Marketing strategies must be integrated with continuous systems of media monitoring, sentiment analysis and rapid response protocols, articulating communication,

governance and clinical direction. This integration directly contributes to the preservation of SOT.

Finally, the conversion from SOV to SOP depends on the coherence between discourse and real experience. Leading hospitals must align marketing, quality of care, and patient experience, using indicators of satisfaction, perceived safety, and care outcomes as strategic inputs for institutional communication. Marketing, in this context, stops creating promises and starts to amplify evidence of value effectively delivered. Leadership in SOV represents only the first stage of competitive advantage in hospital marketing. Strategic sustainability depends on the ability to turn visibility into trust and trust into preference. For leading hospitals in SOV, the central challenge is not to talk more, but to communicate with greater institutional density, strengthening lasting bonds with patients, professionals, and society.

The moment puts the HST in front of these two priority fronts. The first front is multichannel expansion: the hospital needs to advance in its presence on platforms that are currently underexplored, such as LinkedIn and Facebook, reinforcing institutional positioning, the relationship with professionals and local communities, in addition to creating strategic partnerships with *offline* media, such as radio, TV and newspapers, which still have great relevance in Rio Verde and in the southwest region of GO. The second front is content and influence: the strategy must go beyond quantity, investing in diversified formats, such as educational videos, clinical backstage, patient stories, and quality and safety initiatives, and strengthening ambassador programs, involving doctors, residents, managers, patients, and families in authentic narratives that reinforce credibility and connection. Instagram's current numbers are positive, but they will only have a full strategic impact if they are accompanied by an expansion of channels and content that continuously increases our influence, ensuring that the brand is present and relevant in different communication spaces.

For the continuous monitoring of digital performance, it is recommended to adopt integrated analysis platforms, such as mLabs, which enable the simultaneous measurement of multiple metrics (followers, engagement, reach, and growth) on different social networks. The systematic use of this type of tool can increase the accuracy of SOV analysis, in addition to allowing the creation of historical and comparative series between hospital institutions. Such a practice is essential for strategic communication management and for the alignment between digital visibility and institutional objectives (MLABS, 2025).

In addition, it is recommended that HST expand its operations in professional networks, such as LinkedIn, consolidating its institutional authority and strengthening relationships with health professionals and business leaders. Social selling and *thought*

leadership strategies, as discussed by Gamonar (2019), Will (2023), Blount and Tillman (2025), and Schultz (2026), can expand organic reach and generate new opportunities for reputation and institutional engagement. Finally, it is important to recognize that, despite the expressive results on Instagram, HST still has a long way to go to consolidate a truly comprehensive and sustainable SOV.

As suggestions for future studies, it is recommended to expand the empirical base through the temporal evolution of the SOV, allowing comparing data from periods of 6 to 12 months and identifying trends in growth, seasonality, and impact of specific campaigns. It is also suggested to analyze the sentiment of mentions (positive, neutral, and negative), with the use of monitoring tools such as Brand24 or Talkwalker (AVIS, 2021), in order to assess the quality of brand exposure. The integration between SOV and SOE can deepen the understanding of the conversion of engagement into loyalty and positive perception, while the segmentation by content types (*reels*, *stories*, and static posts) and by follower demoFigureic profile offers subsidies for more precise and personalized communication strategies. Finally, it is recommended to adopt continuous digital monitoring systems, such as mLabs, which consolidate indicators of attendance and engagement in a single analytical environment, allowing data-driven decisions and strengthening the efficiency and transparency of hospital communication.

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