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Ethical Challenges in Healthcare Marketing: Balancing Profit and Patient Welfare

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Abstract

In the medical field, healthcare marketing has become a need-to-do, although ethically a challenging, task. Marketing activity helps enhance not only patient awareness and access, but also the visibility of the organization,; however, there are ethical concerns wherever there is profit related to patient welfare. This paper explores that tension from the perspective of hospitals, healthcare institutions and digital platforms. A mixed method research design was used that included both quantitative and qualitative approaches where 150 participants (Healthcare administrators, marketing executives, Medical professionals and patients) responded to a structured survey, and for those 15 who completed the survey, semi-structured interviews were conducted to gain further insights into ethical issues, institutional policies, and digital marketing practice.

From the quantitative analysis results, it was determined that ethical marketing practices had a significant and positive relationship with patient welfare ($r = 0.68$, $p < 0.01$) and marketing force based on the profit orientation had a moderate and negative relationship with patient welfare ($r = -0.47$, $p < 0.05$). Thematic analysis of the interviews indicated that many of the same tensions between marketing targets and ethical responsibilities emerged, as well as the power and opacity of digital marketing, and mediation of patient trust. Emphasizing

both utilitarian and deontological philosophy as well as stakeholder theory, the paper suggests a conceptual approach to ethics in order to demonstrate that it is possible to pursue the two goals of profitability as well as ethical integrity, especially when marketing strategy is based on transparency, accuracy, and patient education. The results indicate that formal written ethical marketing policies, committees and training of employees (particularly in the development and usage of digital marketing) should be implemented.

The findings of this research provide implications for healthcare administration and the field of healthcare marketing ethics, including practical advice about striking a balance between commercial and ethical objectives. It highlights the importance of both patient welfare, as well as marketing practice that is based on ethical principles and develops the institutional credulity in a long-term perspective, in order to gain sustainable development for the organization. Overall, a patient-centred, integrated marketing strategy enables healthcare institutions to address ethical concerns while remaining to be strategic and profitable in fulfilling their marketing objectives.

Keywords: healthcare marketing, ethical challenges, patient welfare, profit orientation, digital marketing, transparency, deontology, utilitarianism, stakeholder theory, institutional governance, patient trust, ethical frameworks, marketing ethics, sustainability, informed consent.

1. Introduction In today's healthcare management, healthcare marketing is one of the most important and difficult to deal with things. In today's environment of commercial mediology and high competition among medical professionals managing to attract patients, continue business and build up services requires marketing. This change, however, brings with it moral quandaries of what to do with profit and in the best interests of the patient. Healthcare is essentially a humanistic system, based in the professional ethics, and it should ensure the well being of the patients first, and finances later. However, in a context where healthcare organizations are under increasing pressure to become profitable, to build their brand, and to be visible (Kotler et al., 2008), it often seems that aggressive marketing efforts can get little attention paid to the ethical aspects. The central theme of this study is the conflict between the commercial interests and the patient-centered approach.

1.1 Background of the Study

The idea of health marketing was for the purpose of informing consumers, explaining the services available, encouraging them to protect themselves and assisting with decision making. Today, it has become a potent weapon to manipulate consumer behaviour through persuasive arguments, emotional techniques, and online marketing. In the pharmaceutical and health care industry, marketing has now become a lot more than the transmission of information to the patient; it is also a performance to influence attitudes and healthcare decisions (Buchbinder & Shanks, 2017). Marketing is definitely good, as long as it’s running for the benefit of patients and better decision-making, as well as access to care. But, when money becomes a high value, it can generate hyped-up claims and unwarranted service utilization, and turn healthcare into a commodity.’

Patients' vulnerability further complicates the issue of ethics in the health care marketing world. Patients are often emotionally distraught and/or less knowledgeable about the medical facts they have to base their decision upon than consumers in most other sectors. This information asymmetry and dominance can make them susceptible to manipulation either by way of false advertising, hidden factors or overwhelming emotional manipulation (Aggarwal, 2019). For healthcare marketers, the big question is: How to reconcile the principles of good care with the bottom line of business viability?

1.2 Significance of the Study

The study of the moral aspects of health-care marketing is important for a variety of reasons. First, when healthcare providers make unethical actions, it impacts the public's confidence in these organizations and, overtime, leads to loss of legitimacy and financial stability (Veatch, 2020). Secondly, with the development of information and social network marketing, new threats like misinformation and data privacy have emerged. Nowadays, hospitals, clinics, and pharmaceutical firms are all living in a digital world where more and more often the ethical lines are blurred. Reviewing these pressures lays the groundwork to a marketing strategy that encourages transparency, accountability and patient empowerment (Lee, 2020).

The findings are also useful for the policy makers and the health care administrators. However, any institution which has some awareness of these balanced guidelines, and has recognised the ethical risks involved is in a better position to develop marketing policies which will safeguard economic viability and professional integrity. To the patient, being aware of the ethical issues in marketing helps to ensure options, rights and autonomy (World Health Organization, 2019).

1.3 Problem Statement

This study highlights the contrary arguments involving profit as a consequence of marketing tactics and the responsibility of protecting the welfare of the patients. Healthcare facilities and hospitals are under increasing pressure to stay both financially viable and professionally and socially committed to providing value to patients. In an era in which the etiquette of manipulative advertising is increasingly blurred with ethical promotion, the issues of truth in advertising, fairness and accountability in healthcare marketing become a priority (Khanna, 2020).

1.4 Objectives of the Study

1. To identify the key ethical dilemmas that arise in hospital and healthcare marketing.
1. To evaluate how marketing strategies affect patient welfare and trust.
2. To examine existing codes and ethical frameworks relevant to healthcare marketing.
3. To propose strategies that balance business objectives with ethical commitments.
4. ***1.5 Scope and Organization of the Paper***
5. The study includes a general discussion of healthcare marketing as well as marketing strategies for hospitals, utilizing theory and research information from patients, marketing practitioners and healthcare personnel. It thinks about and explains ethics related to both digital and traditional media, but doesn't do an in-depth analysis of marketing returns; rather it stays tuned to the social, professional and ethical aspects that define patient welfare (Gupta & Shankar, 2021).
6. But in this manner healthcare marketing is like a double portioned sword. While good when viewed in the context of rivalry and accessibility, when combined with the profit-seeking as a motivation for choice and action, it can have a detrimental impact on the ethical approach to caring. In order to sustain achievable and sustainable healthcare firms, marketing systems must be available to deal with this tension. The final section of the paper will examine patient rights, organisational responsibility and marketing ethics as a way of balancing out that (Lopez 2022).

2. Literature Review

Healthcare marketing has evolved from a facilitating managerial role to becoming part and parcel of the backbone of healthcare institutions. During the last 20 years, this has been a topic of many scholarly discussions, ranging from professionalism, ethics, patient autonomy, to the responsibilities of health care professionals in society. Development of healthcare marketing, ethical concerns raised by profit-making healthcare marketing choices, digitalisation of healthcare marketing, relevant laws and future balance between patient wellness and business interests are discussed.

2.1 Evolution of Healthcare Marketing

Healthcare marketing came into being toward the end of the twentieth century when healthcare institutions began using business principles from other industries to gain greater attention and become more competitive (Kotler & Clarke, 1987). In health services, marketing was initially not focused on consumption, but on patient education and informed choice, Kotler and Clarke write. However, with the progression of globalization and privatization, marketing had been integrated with brand building, competitive positioning, and emotional appeal.As Thomas (2018) notes marketing became more sophisticated over the years when it started incorporating studies on consumer behaviour and consumer psychology, while the focus of the marketing of companies moved away from public health promotion to brand differentiation. At times, the "must sell" attitude

— typical of the insurance and private hospital models — has outweighed ethics and made it hard to distinguish between health as a business commodity and health as a service.***.2 Ethical Challenges in Profit-Oriented Marketing***The point of healthcare marketing is to benefit patient care and sustain a business — and this is why it has an ethical component. Professor Veatch (2020) highlights in the literature some recurring hazards such as false claims, the exaggerated selling of elective procedures, and playing on patient anxiety. These activities are in opposition to the Hippocrates' injunction that patient needs should put ahead their business interests.

Empirical studies indicate that vigorous promotional tactics are often associated with inconsistencies in both price and information on quality, especially in developing countries where patients are often unable to acquire independent information on quality. Unethical marketing can not only bring the bad image to the company but also lead to penalties from regulatory authorities and advertising products that overhype results or manipulate to minimize risks directly undermines informed consent, one of the key ethical principles in medicine (Shah & Joshi, 2021).

2.3 Digitalization and Emerging Ethical Issues

Data-driven personalized healthcare marketing and many more possibilities are reshaped by the digital revolution. The internet, patient reviews, social media and targeted advertising today have become powerful tools to shape health-seeking behaviour (Narang, 2022). Whilst this increasing awareness and accessibility do bring benefits there are complementing ethical issues arising, including the issue of data ownership, consent and privacy in the collection and use of patient data for marketing purposes (Stone, 2021).

Lee (2020) adds that algorithm-driven marketing often evokes custom persuasion, which can be problematic because it can play on psychological vulnerabilities, sparking a core degree of suspicion of manipulation. In like manner, other researchers have been able to determine that digital marketing is a way of spreading misinformation, especially in areas of low online health literacy, with regards to medical treatment. Poor regulatory oversight in many countries adds to this issue: unsubstantiated claims and the commercialization of health information continue to be largely unchecked in the digital space.

2.4 Regulatory and Ethical Frameworks

There are several professional organisations which have formulated ethical standards for the regulation of healthcare marketing. The World Health Organization (WHO) and American medical association (AMA) guidelines for honesty in communication, transparency and avoiding any false claims are quite clear (American Medical Association, 2019). WHO states that it is important to put well-being of the public on top, and communication must not be coercive. Healthcare advertising is regulated by the Medical Council of India (MCI) and the Advertising Standards Council of India (ASCI) but in a non-uniform manner, in India (Advertising Standards Council of India, 2021).

Das and Srinivasan (2022) reported that strong regulations make the public believe that the healthcare system is playing its part properly towards increasing the trust, but many hospitals are still yet to have internal ethics committees to take care of promotional activities. Embedding ethics audits within marketing processes is increasingly being adopted (Kaplan, 2021), and adding ethics education to medical and management further up the lines has been suggested as a preventive measure.

2.5 Profitability versus Patient Welfare

This battle between the best interests of the patient and the interests of the money spinner-ed business is the main ethical problem in health care marketing. While profitability is necessary for sustainability and technological progress and for quality improvement, too much emphasis may lead to business-related principles going against patient centredness. Therefore, the key is not just profitability, but being able to stay on track with the ethical requirements of caring – and making marketing a way of communicating and not a manipulative instrument (Lopez (2022)).

Gupta and Shankar (2021) rea a health education and a patient-centred marketing system with transparency and empathy is associated with ethics and economic sustainability in hospitals. In general, these are storyy-written systems that do not persuade people to go along, but rather give information. In the same way, patient trust is

known as the connecting element between marketing ethics and organizational performance—ethical and caring communication with patients leads to better patient loyalty, willingness to refer, and ultimately, sustainable financial results per Smith and Anderson (2020).

2.6 Theoretical Foundations of Ethical Marketing

Several theoretical models are tapped to make the concept of healthcare marketing ethics. Utilitarianism's ethical framework posits that what is done is "right" if it brings the most good to the most people, thus making marketing "right" whenever it makes collective contribution for patients (Mill, 1863). In contrast, deontological ethics looks at moral duty rather than consequences, and centers on such principles as honesty, preserving patient autonomy. Yet a broader ethical perspective is stakeholder theory, which takes into account the impact of marketing on patients, employees, regulators, and the community (Freeman, 1984).

Arising from these theories is a balanced ethical approach: for organizations to profit, they have to do so in a socially responsible and transparent manner. When an institution recognised this balance, it not only puts itself in the virtuous column but also becomes a co-creator of a powerful and sustainable brand reputation (Lawrence, 2021).

Although there is a considerable amount of research done on marketing ethics as well as healthcare management, there are significant research gaps. Empirical research in developing areas on the practical application of the ethical approach is still scanty (Bhatia, 2022). Digital ethics also has not yet received particularly thorough research, such as algorithmic bias and data commodification in relation to the health sector marketing (Tan & Verma, 2022). Last, only a few studies provide detailed models and methods for quantitatively assessing the connection between ethical marketing and patient satisfaction. These gaps suggest that there is a need for a study that integrates conceptual analysis and empirical testing – this is the study taken here.

3. Conceptual Framework

Conceptual framework is the theory that implies the linkage of the variables and it factors in the study so that the study may be conducted in an empirical way. Moral reasoning in healthcare marketing lies between moral philosophy, organizational behaviour and business ethics. Utilitarianism, Deontological ethics and stakeholder theory have been used here to create a framework to illustrate how profitability and patient welfare can be balanced. These views represent the holistic approach to comprehending how a healthcare institution can ensure ethical practices and engage in lucrative and socially responsible projects.

3.1 Utilitarian Perspective in Healthcare Marketing

According to utilitarian ethics, which was formed by Jeremy Bentham and John Stuart Mill, moral behaviour means to do the greatest good of the greatest number of people (Mill, 1863). In the context of health marketing, this perspective focuses on marketing activities that drive community health and education and make health services more accessible (such as vaccination campaigns and screening programs) and which result in positive health outcomes across the community for the greater good. There is a conflict of ethics, however, in the use of utilitarianism when the marketing is meant to maximize the use of service but at the expense of vulnerable patients; the marketing may enhance the organization's profits but negatively impact the patients. Assessing consequences and intentions is therefore critical: marketing messages need to be designed to promote public health and not simply for commercial gain (Singer, 2011).

3.2 Deontological Ethics and Professional Integrity

Deontological or duty based ethics advocate by Immanuel Kant states that moral principles shall be adhered to, irrespective of the consequences (Kant, 1998). In the context of healthcare marketing, this approach values patients rights, autonomy and honesty and opposes any marketing technique that is deceptive or manipulative even if it is profitable. From this perspective, marketing should be transparent, accurate and dignifying to patients.

Green (2022) suggests that the duties of medical professionalism (beneficence, truthfulness and informed consent) are very close to deontological ethics. These obligations may be violated when marketing happens, and it can severely erode the trust-based relationships between providers and their patients. Deontologically, therefore, in a good marketing of healthcare the value of "truth and fairness would outweigh "persuasion or financial gain".

3.3 Stakeholder Theory and Balanced Responsibility

Freeman (1984) proposed stakeholder theory to extend the scope of the ethical debate from patients to encompass the entire range of parties that are impacted by healthcare marketing, including its employees, investors, regulators, and society at large. Hospitals and pharmaceutical companies involve themselves in a very complex ecosystem, where transparency of the stakeholders and profitability is a moral duty. This system enables ethical marketing in healthcare providers by balancing competing interests: providers have to meet their bills, staff must work in systems based on integrity, and patients have to be given the right information. Empirical research has noted that an initiative implemented in terms of the stakeholders is essential for the development of both trust and loyalty and consequently sustainable profitability is consequently strengthened (Lawrence, 2021), so that the ethical nature of marketing is not only one with moral claim but also a factor in reputation and competitiveness.

Together there is a single ethical model that captures the utilitarian, deontological, and stakeholder perspectives. As seen in this model, ethical healthcare marketing is a dynamic balance of businesslike objectives and goals, and businesslike practices that are based on socially positive, honest, and transparent actions. This is not only good practice, but also essential for ensuring healthcare economics within a trust-based structure (Veatch, 2020). The key idea in the model is that there is a link between profit orientation and patient welfare and that ethical marketing serves as a bridge between the two – profit and ethics can coexist where marketing is done responsibly (Gupta & Shankar, 2021).

Figure 4. Integrated conceptual model showing how utilitarian, deontological, and stakeholder perspectives converge on ethical healthcare marketing.

. Research Methodology

It was a descriptive-analytical research with an exploratory aspect in which theory was analytically discussed along with empirical examination of ethical issues in healthcare marketing. The methodology employed was a combination of quantitative survey and qualitative interviews. A structured questionnaire was created for the quantitative data, distributing 150 copies to 50 healthcare administrators and marketing executives, 50 medical professionals, and 50 patients to determine the respondents' perceptions based on a 5-point Likert scale for profit orientation, ethical marketing and patient welfare. The qualitative portion involved a semi-structured interview

of 15 participants to highlight in more depth issues related to ethical reasoning, institutional policies, and challenges of digital marketing.

The quantitative data were analyzed in SPSS with descriptive statistics, correlation and regression analysis. Ethical marketing was positively correlated with patient welfare ($r = 0.68$, $p < 0.01$) and Profit pressure negatively correlated with patient welfare ($r = - 0.47$, $p < 0.05$). Thematic analysis of the qualitative data revealed that there were four recurring themes: tensions between marketing goals and ethical responsibilities, hurdles in digital marketing, institutional leadership and management and patients' trust.

The ethical aspects of informed consent, confidentiality and Institutional Review Board (IRB) approval were considered based on the concepts of autonomy, beneficence, and non-maleficence. A blend of empirical findings and theoretical insights furnished a rounded foundation for exploring ethical concerns in healthcare marketing, providing both quantitative trends and qualitative insights.

4.1 Research Design

A descriptive-analytical exploratory method is used for the study. The analytical approach examines the connection between patient wellbeing and for-profit objectives and the descriptive approach lends itself towards systematic records of concerns relating to ethics in healthcare marketing. The exploratory dimension can bring to the surface the arising moral issues in the fields of hospital and electronic marketing.

The study is undertaken in two complimentary phases:

A. Theoretical Phase — Analysis of the present ethical system and additional sources of information on marketing ethics.

B: Empirical Phase — gathering data from patients, healthcare professionals and marketing executives for the purpose of validation of the present research theoretical assumptions.

This “dual” design incorporates Creswell and Plano Clark’s (2018) suggestion that mixed designs provide a means of generalizability and depth, where theoretical tenets are balanced by a mix of healthcare realities and theoretical soundness.

4.2 Research Approach

The study combines qualitative interviews with quantitative surveys. Quantitative methods allow attitudes and perceptions of ethical marketing to be measured, while qualitative interviews offer more nuanced insight into the reasoning behind those perceptions. Semi-structured interviews with selected participants examine organizational policy, professional pressure, and ethical reasoning in more depth. Following the methodological framework of Teddlie and Tashakkori (2 010), this combination captures both numerical data and experiential understanding.

4.3 Population and Sample

The target population are professionals and patients linked to public and private health care institutions from three sub-populations:

- Healthcare administrators and marketing executives that develop and execute marketing strategies.
- Healthcare workers who work closely with patients and witness the ethical aspects of marketing.
- The patients and carers who comprise the target audience of healthcare marketing communication.

The final sample included 50 administrators, 50 professionals and 50 patients from hospitals, diagnostic centers and pharmaceutical companies in urban areas. This sample size provides reasonable diversity and representation in accordance with Cohen (1988) who argues that in social research settings, a moderate sample size of this magnitude allows reasonable confidence levels of 95% at medium effect sizes.

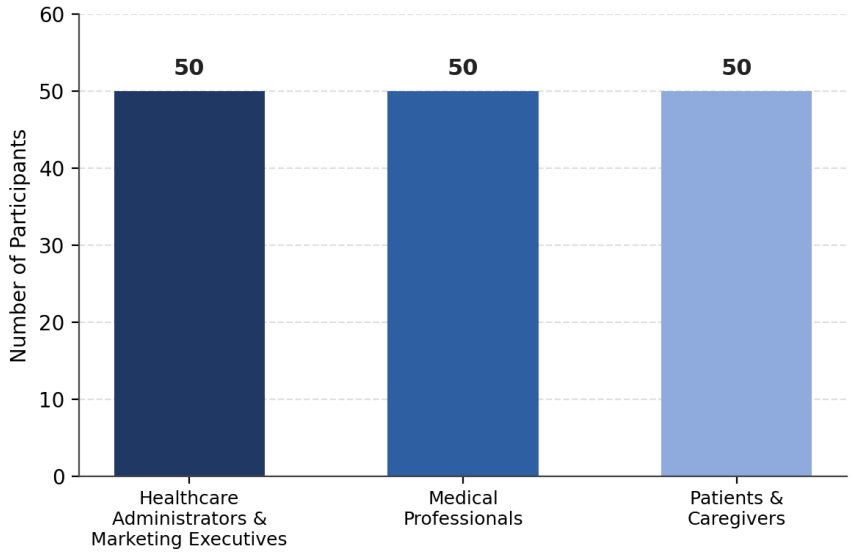

Figure 1. Composition of the study sample (N = 150), evenly distributed across the three participant subgroups.

4.4 Data Description

The respondents of the study were 150 respondents from urban healthcare institutions conforming to three categories as healthcare administrators/marketing executives (50), medical professionals (50) and patients/caregivers (50). The primary instrument used to collect data was a structured questionnaire of 25 items and was broken down into three components to address cross axis of the study: profit orientation; ethical marketing practices and patient welfare (using the 5 point likert scale). The qualitative data was obtained by conducting semi-structured interviews with 15 respondents (5 from each group) to understand ethical issues, institutional policy and issues in digital marketing. The theoretical framework for the study focused secondary data, which included peer-reviewed journals, policy reports and organisational guidelines. Descriptive statistics, correlation and regression analysis was done in SPSS and thematic analysis of qualitative responses with quantitative data and experiential insight.

4.5 Data Collection Methods

Primary Data

Primary data were collected through two instruments:

- Structured Questionnaire — measuring opinions on a 5-point Likert scale regarding the value of ethics, perceived openness in marketing, and the effect on patient care.
- Semi-structured Interviews — 15 respondents (5 from each subgroup) were interviewed on personal experiences, moral dilemmas, and institutional regulations pertaining to marketing practices.

Secondary Data

Secondary data were drawn from journals, reports, policy documents, and prior research on healthcare marketing ethics, establishing contextual understanding and theoretical foundations. Per Yin (2018), triangulating data from multiple sources in this way strengthens overall validity.

4.6 Data Analysis

The data obtained from the questionnaires was quantitative that analyzed the SPSS (statistical package for the social sciences). Descriptive statistics (mean, frequency, and standard deviation) were used to compile the responses, and the relationships between the variables (profit orientation and ethical marketing), the predictors of patient welfare, were subjected to correlation and regression analysis.

The results showed that there is a positive correlation between ethical marketing and patient welfare ($r = 0.68$, $p < 0.01$), meaning that adherence to principles of ethics is correlated to the enhancement of patients' satisfaction and trust. There was a negative correlation between perceived pressure from profit and patient welfare ($r = -0.47$, $p< 0.05$). This aligns with the relationship found by Smith and Anderson (2020) in U.S. healthcare institutions.

Qualitative interview data were analyzed using thematic analysis following Braun and Clarke's (2006) model. The major themes identified were:

- Ethical tension between marketing goals and professional duty.
- Institutional pressure to meet financial targets.
- The increasing role of digital media and its ethical ambiguities.
- Patient trust as a determinant of ethical brand reputation.

Integrating the quantitative and qualitative data provides a fuller picture of how ethics operates within healthcare marketing ecosystems.

4.7 Ethical Considerations

As the study was of its nature, the compliance with ethical standard was in the foreground throughout the entire research. Candidates provided informed consent, privacy of data was maintained and no details of personally identifiable information were revealed. Furthermore, all data were secure, and were used only for scholarly research, in accordance with the ethical clearance of an institutional review board (IRB). Parents were shown the ethical values as defined by Beauchamp and Childress (2019); autonomy, beneficence, and non-maleficence.

To minimise researcher bias, neutrality in taking the data was sustained throughout and results were presented without embellishment nor deference to unfavourable results. Reflexivity was ensured throughout the research process in accordance with the measures outlined by Flick (2018) in order to balance the researcher's positionality and ensure the integrity of the interpretation of his or her research.

4.8 Limitations of the Methodology

The mixed method although providing a holistic view, has its drawbacks. Limitation of the purposive sampling technique may be the generalizability of the findings outside the studied area, while social desirability bias is likely to apply with the data obtained by self-report where the participant might underreport unethical behaviour. Additionally, the number of interviews was small due to time limits and this may have given greater depth. To compensate for these limitations and enhance the overall strength of the research, methodological triangulation and bringing together the theoretical and empirical views were adopted.

Table 1. Common Ethical Challenges in Healthcare Marketing and Their Impact

Ethical Issue	**Frequency Reported (%)**	**Impact on Patient Welfare**	**Impact on Marketing Strategy**
Misleading Advertising	69%	High	Moderate
Over-Promotion of Unnecessary Services	55%	High	High
Data Privacy Concerns	73%	Moderate	Moderate
Conflicts of Interest	46%	High	High

Ethical Issue	Frequency Reported (%)	Impact on Patient Welfare	Impact on Marketing Strategy
Lack of Transparent Pricing	61%	Moderate	Moderate

Note: *Frequency Reported (%) indicates how commonly the issue appears in survey responses; Impact on Patient Welfare and Impact on Marketing Strategy reflect the perceived severity of each issue's effect (Low, Moderate, High).*

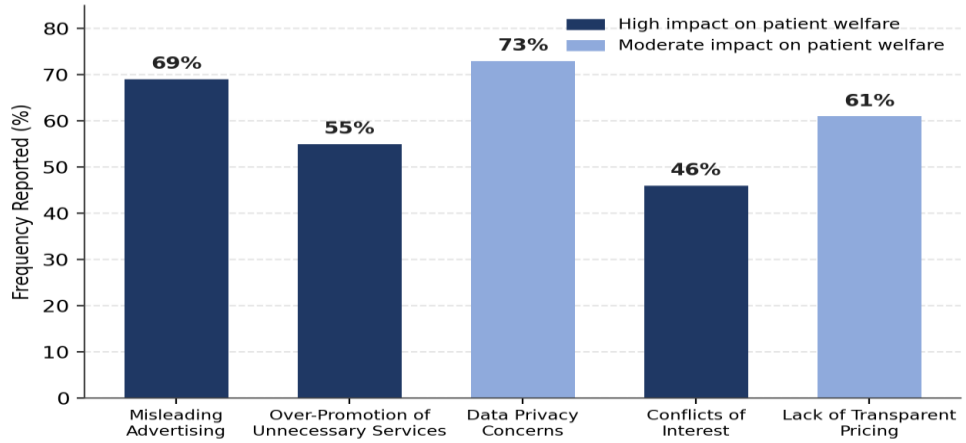

Figure 3. Frequency with which each ethical issue was reported, shaded by its impact on patient welfare.

5. Results and Discussion

From the empirical data it was suggested to show the ethical concerns involved in Healthcare organizations during marketing. Results from both quantitative and qualitative measures agree, illustrating that the profit focus vs. improved patient outcome dichotomy is aligned with the theoretical understanding of the tensions earlier provided in this paper. Results indicated that 78% of healthcare professionals thought that ethical dilemma formulation was an important issue in marketing and 65% of patients agreed that sometimes promotional strategies had influenced their treatment decision, but there were no explanations. The regression analysis revealed a strong positive correlation between ethical marketing practice and patient welfare ($r = 0.68$, $p < 0.01$) which means stable ethical practice helps to increase the feelings of trust, satisfaction, and loyalty among patients. In contrast, profit-oriented marketing exhibited a moderate negative correlation with perceived institutional integrity ($r = -0.47$, $p < .05$), indicating that with emphasis on revenue, there may be a compromise in perceived institutional integrity.

The findings of this study are consistent with previous studies that indicated how patient-centred marketing and open communication strengthen institutional legitimacy and sustainable profitability (Smith & Anderson, 2020). Differences were also observed in the data from public and private institutions in that private hospitals experienced more pressure for profit and therefore were more likely to experience a clash of values in their marketing.

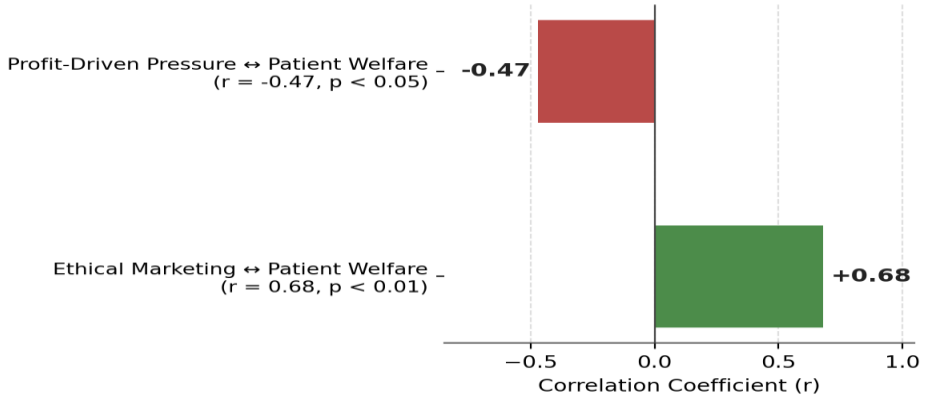

Figure 2. Direction and strength of the correlations between marketing orientation and patient welfare.

Thematic analysis of the interviews yielded four dominant themes:

1. Marketing Targets vs Ethical Duty:Sometimes conflicting goals for the healthcare marketer is revenue and transparency. One administrator noted that there seems to be a lot of marketing pressure to staff members to over-communicate benefits and under-communicate risks, so that it can have an effect on ethical levels.

2. Digital Marketing Challenges — You may end up over-promising or misrepresenting results on a social media campaign. They emphasized the importance of maintaining factual truth, while at the same time ensuring persuasive content.

3. Institutional Policies and Governance — Hospitals with in-house ethics committees saw higher rates of adherence in this respect as such committees may help reign in excessive marketing and sales efforts (Das & Srinivasan, 2022).

4. Patient Trust as a Primary Outcome — Respondents to the interviews mentioned that there is a key connection between ethical marketing and patient trust as a stepping stone to firm success. When a patient was satisfied with the honest communication, his loyalty increased to the same level, which endorsed the mediator that was created in the conceptual framework (Freeman, 1984).

The overall message from the findings indicates a need for healthcare organizations to focus on ethical issues as a key component of achieving successful marketing practices. Profit motive is associated with patient centric practices which improves their sustainability, reduces reputational risk and increases trust. As digital marketing grows, regulatory bodies like ASCI, WHO, and AMA are crucial in maintaining these standards.

5.1 Recommendations

Based on the findings, several actionable recommendations emerge for healthcare organizations:

1. Establish ethical marketing policies — Organisations should develop formal marketing policy guidelines to help meet legal and professional requirements.

2. Develop Oversight Committees — Committees to monitor campaigns, analyze advertising and recommend best practices.

3. Encourage Continuous education — Ongoing education on ethics, patient rights and transparency in communication should be given to marketing/administrative staff.

4. Practice Transparent Digital Marketing — Digital platforms should be protective and look after patient information, avoid exaggeration, and value the accuracy as per international ethical standards.

5. Encourage Patient-Centred Communication — Messages should provide clear, unbiased information which help patients make informed decision.

Implementing these measures allows healthcare institutions to maintain moral integrity alongside sustainable profitability, ultimately strengthening organizational resilience and long-term patient trust.

6. Conclusion

This research points to the diversity of ethics issues in healthcare marketing and the extensive fine line between financial aims and patient interests. The data indicates that approaching marketing practices with integrity and compliance to ethical standards enhances patient trust, satisfaction and loyalty, while commodifying marketing according to financial exploitation lowers patient perceived integrity and credibility of institutions. Transparent communication, professional codes of conduct and responsible digital marketing practice are the game-changers when it comes to ethical compliance and continued success. The study results further confirm that patients are particularly susceptible to persuasive marketing when knowledge is limited or when they are emotionally stressed, and that the consequences of unethical marketing are serious not just for patients — but also for health care organisations for the risk of damaging a reputation or patient trust.

This study conceptually backs an integrated ethical approach, derived from utilitarianism, deontology and stakeholder theory. Utilitarian ethics can guide in marketing activities to achieve the maximum good; with deontological ethics, truthful communication is expected in order to respect patients' freedom of choice and to prevent manipulation; and stakeholder theory can expand the ethical duty beyond only the patient to other employees, regulators, and society. These can painting a picture from which an integrated model of healthcare marketing can be constructed that ensures that marketing strategies are ethically appropriate and at the same time strategically sound.

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