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## An Exploration of Converged Media Paths for Hospital Brand Promotion (Postprint)

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### Abstract

Under the central top-level design, media convergence experiments have rapidly emerged bottom-up across various domains. As an important component of the Party and state's health undertakings, major hospitals are demonstrating an increasingly pronounced trend of close coordination with the healthcare sector. Embracing a mobile internet mindset to “ride the momentum”, they intently focus on publicity and communication methods for hospital brand building, explore work models and long-term communication mechanisms adapted to their own characteristics, and propose practical strategies for “converged media” hospital brand publicity.

### Full Text

### Preamble

#### Analysis of Converged Media Paths for Hospital Brand Promotion

**Abstract:** Under the central government's top-level design, media convergence experiments have rapidly emerged from the bottom up across various fields. As a vital component of the Party and nation's health undertaking, major hospitals increasingly exhibit close linkage with the healthcare sector. By embracing mobile internet thinking and “going with the momentum,” hospitals are focusing on brand building and promotional communication methods, exploring work models and long-term communication mechanisms suited to their characteristics, and proposing practical strategies for converged media hospital brand promotion.

**Keywords:** converged media; hospital brand; communication status; problem analysis; practical strategies

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## 1. Current Status of Converged Media Communication

On August 18, 2014, the Central Leading Group for Comprehensively Deepening Reform reviewed and approved the “Guiding Opinions on Promoting the Integrated Development of Traditional and Emerging Media,” marking four full years of media convergence development in China. On January 25, 2019, the Political Bureau of the CPC Central Committee conducted a collective study on “The All-Media Era and Media Convergence Development,” signaling that media convergence has entered a stage of deep integration. “Integrated development, merging into one” represents the general trend of traditional and emerging media convergence. Meanwhile, converged media has not yet become a solidified and mature media organizational form, making the construction of influential hospital brands akin to panning for gold in turbulent waters.

### 1.2 Current Status of Hospital Brand Converged Media Communication

Hospital brands carry the weight of patients’ life-entrusted trust and their perceptions of medical technology and hospital services. They serve as magnets for attracting medical talent and as weights in medical market competition, demonstrating social responsibility and hospital reputation. Converged media, which develops through integration and optimizes through leveraging strengths [1], comprehensively integrates the commonalities and complementarities of different media to form a new editorial path of “one-time collection, multiple generation, diversified dissemination.” This creates a converged pattern of “resource integration, content compatibility, mutual promotion, and shared benefits” [2], bringing comprehensive innovation to hospital media publicity operations, work models, and long-term communication mechanisms. The hospital brand ecosystem has undergone two major transformations:

**1.2.1 Publicity Operations and Maintenance** Publicity work constitutes the core means of brand building and promotion. Hospitals have rapidly established a so-called “newspaper, website, terminal, WeChat, screen” omnimedia ecosystem for “Internet Plus” hospitals. Information dissemination methods have qualitatively evolved from text, images, and sound to new forms such as MG animation, micro-videos, and HTML5 web language. Within limited timeframes, hospitals strive to occupy as many information dissemination channels as possible to share hospital dynamics, medical technologies, health knowledge, and expert recommendations, with each employing its unique approach.

**1.2.2 Artificial Intelligence** Big data and artificial intelligence have developed rapidly and quickly connected with hospitals. Intelligent services such as online robots and guidance robots provide professional answers without temporal or spatial limitations, efficiently and accurately responding to inquiries and improving user medical experience and satisfaction. Cloud resources are instantly accessible, continuously enriching hospital resource libraries and ensuring their authority, timeliness, vividness, and diversity, thereby providing professional support for hospital research and teaching. Mobile VR cloud exhibitions utilizing 3D technology, graphics, audio, video, and other formats create full-sensory immersive and interactive experience zones, enhancing the overall digital, networked, and intelligent level of hospitals.

## 2. Analysis of Converged Media Problems

### 2.1 Analysis of Domestic Converged Media Problems

**Overly Microscopic Viewpoints with Insufficient Theoretical Support:** Clarifying the connotation and extension of issues forms the theoretical cornerstone of academic research. Although domestic converged media research appears to be in full swing, it has yet to form an authoritative interpretation and lacks attempts to organize theoretical development trajectories and construct disciplinary theories. Research perspectives are largely similar, primarily equating “converged media” simplistically with “media convergence” and focusing on practical levels that comply with converged media trends. The state needs to provide top-level design and overall arrangements, enact communication legislation, and establish rule-of-law thinking for news communication to ensure the orderly integration of old and new media entities.

**Generally Low Research Levels with Insufficient Macro Considerations:** Frontline media practitioners have the most intuitive understanding and rich practical experience in converged media, constituting the vast majority of researchers. Their research focuses primarily on role reshaping and competency enhancement. However, achieving true integration of old and new media cannot be realized solely through improving true reporting methods and enhancing competencies of media practitioners. Traditional media are mostly state-owned public institutions, while emerging media are concentrated in new market entities that absorb diverse social capital. These two have vastly different management systems and models, making discussions from the media perspective alone far from sufficient [3].

**Excessive Optimism About Integration with Insufficient Difficulty Estimation:** The emergence of each new medium is not isolated. The evolution of media forms is essentially technological evolution. Internet technology development has spawned new media, with each medium connecting to a node in the network, interconnecting and expanding outward to form an open network structure that is “decentralized yet centered everywhere.” The functions, forms, and essence of old and new media are intricately intertwined. Empowering tech-

nologies continuously accumulate quantitatively in fragmented forms, forming powerful technology platforms. During this accumulation, they absorb users, television, newspapers, traditional media, industries, and other media-related objects, forming new media relationship structures. The road to achieving true integration of old and new media remains long.

## 2.2 Analysis of Hospital Brand Converged Media Problems

**Increased Media Platforms but Lack of Overall Brand Planning:** The trend toward diversified content on converged media platforms is increasingly evident. Most hospitals' converged media brand building strategies simply involve multi-channel display of the same content. This simple media "aggregation" cannot be considered "convergence," and various platforms still lack the time and energy to achieve value-added brand communication effects.

**Content Construction as Foundation with News Editing Work Facing Bottlenecks:** Hospitals lack internet technology talent and new media operation personnel. Outdated discourse styles reflecting hospital core values and positive doctor-patient content receive relatively less attention and attraction compared to medical needs, making it difficult to satisfy audience reading preferences. Most hospitals need to adjust their existing editing models, and converged media operation models still lack data analysis.

**Traditional Thinking for Empirical Decision-Making:** Statistical methods and big data mining technologies are rarely applied, with brand promotion decisions based on past experience and insufficient public opinion analysis. The traditional broadcasting mindset, influenced by outdated station-network linkage practices that focus on building studios and adding high-definition equipment for television program production, cannot effectively connect to mobile platform interfaces for network-wide content distribution, precise communication, and user demand satisfaction.

## 3. Practical Strategies for Hospital Brand Converged Media

New media operations consist of four basic modules (user operation, product operation, activity operation, and content operation) plus five derivative modules (community operation, traffic operation, website operation, platform operation, and store operation). Grounded in a mobile internet mindset to achieve integration and transformation across the healthcare industry, each module has its unique function, with the four basic modules playing particularly crucial roles.

### 3.1 User Operation: Upholding the Public Opinion Position with User Thinking

This involves rebuilding user relationships around user acquisition, retention, activity, dissemination, and value supply relationships among users, responding

to user needs, and continuously enhancing user stickiness.

**Rebuilding User Relationships:** New media dissemination is inseparable from social relationship networks and online interpersonal relationships. In the social networks where hospitals operate, the role of “connection” is increasingly prominent. Rebuilding user relationships requires full integration of the doctor role, transforming from “doctor + disseminator” to “doctor + disseminator + receiver + producer.” This shifts from “content platforms” carrying individual doctor relationship information to “relationship platforms” carrying social relationship information, and from the “single, directional, fixed” communication methods and relatively simple forms of traditional media to “point-to-point, point-to-surface, point-to-whole-society” multi-channel converged communication methods and “multi-screen, mobile, social” diverse product content evolution. Traditional media’s discrete relationship with audiences cannot be rebuilt through channels alone. New media dissemination is inseparable from social relationship networks and online interpersonal relationships. Hospitals must fully utilize new media to form various socialized dissemination phenomena and ecological models, embedding them into the personal relationship networks of all staff, such as friend circles and WeChat groups, to achieve maximum dissemination within regions.

**Responding to User Needs:** Hospitals must continuously engage with and respond to users, shifting from traditional word-of-mouth dissemination to mobile terminal brand communication. Modern hospital brand building and development cannot be separated from the mutual integration and promotion of hospital brands and individual characteristics. Hospitals should use fragmented production to generate required medical consumption content and medical service needs among large-scale users, obtain user demand logic, and rely on major network platforms to connect various services such as specialty diagnosis and treatment, medical guides, and online payments to the hospital’s converged media center. By providing vertical services and embedding media operations into the entire social ecosystem, hospitals can acquire more communication resources, gather needs to establish connections, and create differentiated cognitive advantages in peer competition. Doctors, in turn, should base themselves on personal professional skills, establish 3-5 internet business cards, build personal IPs, help users solve health problems, provide professional services, maintain user relationships, and utilize various relationship networks to realize multiple possibilities for content service value-added, truly achieving “serving the people.”

**Enhancing User Stickiness:** Hospitals need to re-examine media and the relationships behind media, focusing on relationship dissemination behind information dissemination. Through “Internet Plus Healthcare,” hospitals can provide online Q&A services via various shared medical platforms such as “Famous Doctors Online,” “Thumb Doctor,” “Seeking Medical Advice,” “Family Doctor Online,” and “39 Health,” creating more interactive channels to help users solve health and disease problems promptly, accurately, and professionally. This allows users to quickly and conveniently find local medical services

through networks and mobile terminals. Gradually, hospitals can root their own high-quality and trustworthy service brands in the public consciousness, embed them into users' personal social relationship networks, establish trust mechanisms for online interpersonal relationship connections, and achieve value realization through user-driven information flow, resource flow, and capital flow that reaches the backend value layer.

### 3.2 Content Operation: Data-Driven Promotion and Operations

Through data analysis, this approach understands content operation quality, predicts operation directions, controls operation costs, and continuously improves various content-related data. It builds a virtuous cycle around content production and consumption to provide references for subsequent operations.

**Understanding Operation Quality:** Basic data such as website traffic, WeChat follower counts, Weibo reading numbers, Toutiao content data, related coverage populations, recommendation volumes, reading volumes, likes, shares, collections, comment counts, reading completion rates, page dwell time, follower growth, unfollow numbers, and reading sources provide intuitive effect feedback and constitute the primary data for evaluating operation levels and understanding content operation quality.

**Predicting Operation Directions:** Based on multi-platform push measurements to assess placement effects, monitoring forwarding numbers and secondary dissemination, link clicks, share counts, and new user acquisition, hospitals can determine target user groups and project push characteristics. This helps judge whether content can promote new user conversion, analyze copywriting and feasibility assessments for corresponding hot content, and add value to upcoming projects.

**Controlling Operation Costs:** In hospital new media operations, the focus lies on both enhancing brand awareness and controlling operation costs, particularly advertising placement costs. Imprecise advertising placement can easily waste resources. Combining big data such as Baidu Index, WeChat Index, and Toutiao Index helps analyze network advertising placement positions, timing, frequency, and types to ensure precise delivery.

### 3.3 Activity Operation: Full-Process Data for User Maintenance

Regularly conducting activities is a common method for maintaining users during content and user operations. This involves establishing proprietary databases, referencing peer data and related comprehensive data information, and conducting regular planning, resource confirmation, publicity promotion, and effect evaluation around activity cores.

**Building Hospital Databases:** Each activity plan formulation can reference tracked data from previous activities, including target achievement rates, final transaction volumes, process anomaly data, and error rates. With precise data

analysis, hospitals can conduct content planning and systematic analysis of various activities' participation and communication effects. Based on data reflecting user psychology, they can analyze herd mentality, celebrity effects, thinking consciousness, and preference behaviors, clarify activity goals in advance, conduct effect evaluations, and promote full-process management implementation. Simultaneously, hospitals should continuously collect peer data from major hospital websites, apps, and WeChat public accounts, as well as data from other platforms, or purchase professional data from iResearch Consulting. Using modern information technology, they can establish hospital brand operation databases and regularly review and summarize data content.

**Other Channel Data:** - **Baidu Index:** Clearly grasp keyword trends and analyze regional distribution, age, gender, and other characteristics of topic-attentive populations. - **Newrank Index:** Provides index evaluation, industry analysis, market reports, and marketing promotion. It is currently China's largest third-party "two micros and one terminal" database and the premier new media big data platform. - **UC Big Data:** Reflects topics of greatest concern to mobile phone users and provides guidance for mobile hotspots. - **Watermelon Data:** A professional new media data service provider that systematically collects and monitors over 3 million public accounts, updating 5 million articles daily. - **Alibaba Index:** A B2B gathering place that analyzes audience hotspot aggregation to provide direction for operators to expand customer bases. - **Newrank:** Offers industry lists across over 20 content categories and regional lists covering over 30 provinces and municipalities. It implements daily fixed monitoring of over 350,000 influential excellent accounts to release WeChat public account influence rankings, making it the earliest third-party institution to provide WeChat public account content data value assessment.

### 3.4 Product Operation: Promoting Role Transformation Through Product Thinking

Technological development has brought profound changes to media patterns, public opinion ecology, audience objects, and communication technologies. "Product operation" actually represents a comprehensive capability encompassing transformation of operational personnel's thinking modes, discourse styles, role transitions, and competency enhancement.

**Transformation of Thinking Modes in Media Operations:** Hospitals should comprehensively consider three aspects: public welfare, satisfaction, and competitiveness. They must transform from the monopolistic operation model of traditional media that waited for audiences to come, and instead increase efforts to connect devices and services. Medicine is not only a science but also a "human studies" that requires treating medical new media marketing as a truly authentic personified platform. Medical technology is the foundation, and popular science is a social responsibility. Hospitals should enrich the dissemination of medical and humanistic mainstream content from unique perspectives. In content operations, they should build important components of hospital brand core

values through filming forms such as hospital scenes, medical staff anecdotes, character interviews, and service integration. By personifying, humanizing, and IP-izing hospital brand services, they can draw on different methods to tell good popular science stories, narrate good hospital stories, share work experiences, and convey medical insights, making medical services visualized, communication content talkative, and impressions more profound, thereby conducting supply-side reform with internet thinking.

**Transformation of Discourse Styles in Content Dissemination:** On one hand, hospitals should continue leveraging traditional media' s role in analyzing and tracing events within broader scopes, maintaining advantages in releasing official authoritative information. On the other hand, they should actively utilize new media' s communication advantages, strengthen innovation in communication methods and discourse styles, and through activity planning, optimize product solutions and content organization, expand internal and external resource interfacing, and employ a series of operational methods to make hospital new media marketing more unique and personalized. When everyone produces hospital graphic popular science articles, hospitals should conduct video live lectures; when everyone conducts video live lectures, hospitals should produce Douyin micro-videos. Using network live broadcasting to create mobile news and developing various interactive, service-oriented, and experiential emerging media information services such as websites, Weibo, WeChat, and online video can revitalize mainstream media' s social resources. This allows more hospital voices that popularize science and serve the masses to break through regional limitations and “fly into ordinary people' s homes,” directly entering user terminals to accelerate the construction of a new public opinion guidance pattern and “embed” into users' personal social relationship circles.

**Enhancement of Operational Capabilities in Role Transformation:** The unprecedented transformation in the media field offers countless operational approaches. Analyzing operational personnel' s role transformation and competency enhancement in the “converged media” era inevitably places new demands on hospital operators. Media and news public opinion work faces new challenges: information is ubiquitous, all-reaching, and used by everyone. When network “public opinion forcing” phenomena occur, hospitals must integrate more resources, quickly seize the initiative in the public opinion battlefield, and enable positive information to spread rapidly. Operators must learn to use multimedia technology to harness information from “converged media” platforms for their own use, master various media communication characteristics, familiarize themselves with various operational methods, and complete operational plan design to become modern media experts. They must creatively analyze paths for hospital operators to enhance competencies from internal and external factors, emphasize innovation and critical thinking, maximize subjective initiative, solve “capability panic” problems, master medical knowledge dissemination and medical scene filming, and focus on strengthening learning of new technologies, new theories, and interdisciplinary subjects. With three forces working together and both internal and external cultivation, operators can en-

hance their professional competencies and innovative spirit through rapid and rational information critical ability, multiple media mastery ability, and open tree-like knowledge structure ability. This enables them to continuously innovate, adapt to era development requirements, calmly respond to complex and changing media environments, and become trendsetters of the times.

In conclusion, hospital converged media development remains in its infancy. It is not merely a mobile link but must be people-oriented, satisfying user needs, and providing services wherever the masses are located. It is not merely a news media but emphasizes relationship dissemination, requiring not only content services but also integration into interpersonal networks to serve local people' s health. It is not a fixed model but should conform to local hospital actual conditions and be based on user needs. West China Hospital' s public account has 3 million followers, with articles easily reaching 100,000+ reads and a valuation exceeding 100 million yuan. Its influence cannot be underestimated, originating from powerful brand operations. Hospital brand building is imperative, and promoting media convergence development represents the general trend. Hospital converged media should employ various unique approaches, establish a united front with self-media, and adapt to era development requirements—this is the core of mastering converged media.

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*Note: Figure translations are in progress. See original paper for figures.*

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