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From Content Calendar to Cold Call: A Participant-Observation Case Study of Integrated Digital Marketing and Business Development at a Diagnostic Services Company in India

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Abstract

Purpose. Diagnostic services are bought on trust: the buyer can rarely judge a laboratory service directly and relies on cues such as clarity, consistency and credibility. How a small marketing team turns those cues into content, and how direct prospecting complements that content, is seldom documented from the inside. This study examines how website, LinkedIn, Instagram, poster and brochure communication and cold calling worked together in the digital marketing and business development activity of LABRIDGE, a unit of Healtholife Healthcare Pvt Ltd, an Indian diagnostic services company.

Design/methodology. A single-site, participant-observation case study was conducted over about ten weeks (25 May to 31 July 2026), during which the author worked as a digital marketing and business development intern. Data comprise assignment records, the creatives produced (including a five-slide B2B LinkedIn carousel and three awareness-day posts), reflective field notes and secondary conceptual literature. No platform analytics, call logs or conversion data were available for publication, so no performance outcomes are reported. Observations were organised by channel and by stage of the sales process and interpreted through the hierarchy-of-effects (AIDA), perceived-risk and credence-attribute, B2B content-marketing and relationship-selling literatures.

Findings. Five patterns emerged: (i) each channel played a distinct communication role, from information (website) to professional credibility (LinkedIn) to visual awareness (Instagram); (ii) healthcare content required plain language, a single message per creative and claims that could be traced to approved company information; (iii) the B2B carousel followed a problem–solution–proof–action order that maps closely onto AIDA, while the awareness-day posts were calendar-anchored and educational; (iv) cold-call quality depended more on a structured opening, relevant need-questions, listening and accurate records than on the length of the pitch; and (v) marketing and business development formed a two-way feedback loop, in which content supplied credibility for calls and calls supplied questions for content. These are reported as observed processes, not measured effects.

Originality and implications. The paper offers an inside account of integrated digital and direct outreach in an Indian diagnostic services company, converts the observations into five testable propositions and five low-cost managerial practices. Because the design is single-case, qualitative and participant-based, findings are analytically rather than statistically generalisable.

Keywords: diagnostic services; healthcare marketing; digital marketing; content marketing; cold calling; B2B business development; AIDA; participant observation; India

JEL classification: M31, M37, I11



1. Introduction

Diagnostic laboratories produce information on which other people act: clinicians, employers, partner laboratories and individuals all make decisions from a report they cannot independently check. Healthcare has long been recognised as a distinctive field for service research because outcomes matter greatly to the customer, the service is technically complex, and trust in the provider carries much of the purchase decision (Berry & Bendapudi, 2007). For a diagnostic company, marketing communication is therefore not only a matter of attracting attention. It must also be understandable, consistent and accurate, because it is one of the few things the stakeholder can observe before using the service.

Two kinds of activity carry this communication in practice. The first is digital: a website that explains services, professional and social platforms on which the company publishes updates and educational content, and posters and brochures that can be used online and offline. The second is direct: prospecting and cold calling, in which a representative contacts organisations or individuals who may not have interacted with the company before. The marketing literature usually treats these as separate functions. In a small organisation they are often performed by the same people and depend on each other, since a call is easier to open if the prospect has seen credible content, and the questions heard on calls show what the content should explain.

Existing work on B2B content marketing and social media describes what marketers say they do and what barriers they face (Holliman & Rowley, 2014; Michaelidou et al., 2011), and work on selling describes the stages of a sales process (Moncrief & Marshall, 2005; Weitz & Bradford, 1999). Few accounts describe, from inside a working team, how digital content and cold calling are combined in a healthcare diagnostics setting in India, and fewer still do so with explicit attention to what was and was not recorded. That is the gap this paper addresses.

The study addresses three research questions:

- **RQ1.** How are communication roles divided across the website, LinkedIn, Instagram and posters/brochures at a diagnostic services company, and what content practices does healthcare communication require?
- **RQ2.** How is a cold-calling interaction structured in practice, and which practices appeared to matter for moving a prospect towards a next step?
- **RQ3.** How do digital marketing and business development interact across the B2B customer journey, and how can the link between them be strengthened?

The paper makes three contributions. First, it provides a documented inside account of an integrated digital-and-direct outreach system in a diagnostic services company, including analysis of the creatives actually produced. Second, it is explicit about evidence: it separates what was observed and documented from what was not recorded, and reports no performance figures that were not available. Third, it distils the observations into five propositions for testing in larger studies and five practices that a marketing team can implement with existing tools.

2. Literature review and conceptual framework

2.1 Diagnostic services as a high-trust, credence-dominated offering

Consumer research has long treated purchase as risk-taking under uncertainty, in which buyers act to reduce perceived risk before committing (Bauer, 1960). Zeithaml (1981) distinguishes search, experience



and credence attributes and argues that offerings dominated by the latter are hard to evaluate even after use, so buyers lean on substitute cues such as reputation, professionalism and the clarity of information. Laboratory testing is a clear case: the customer usually cannot assess analytical quality, only signals around it. The corollary for marketing is that much of what a diagnostic communicator does is risk reduction, through clear information, consistent branding and claims that can be supported, rather than persuasion for its own sake.

2.2 B2B content marketing and social media

Content marketing treats useful, relevant material as the means by which a firm earns attention and trust (Pulizzi, 2012). In a study of B2B digital content marketers, Holliman and Rowley (2014) found that practitioners favoured content that is useful, educational and aligned to the buyer's needs rather than overtly promotional. Järvinen and Taiminen (2016) showed in a B2B case that content supports lead nurturing but depends on cooperation between marketing and sales. Michaelidou et al. (2011) found that B2B brands used social media mainly for awareness and for attracting customers, and that difficulty in measuring results was a recurring barrier. Taken together, these studies imply that platform choice, content usefulness and marketing–sales coordination matter, and that measurement is a known weakness, a point that becomes relevant to what this study could and could not report.

2.3 Hierarchy of effects and AIDA

The AIDA sequence of Attention, Interest, Desire and Action is traditionally attributed to early twentieth-century selling practice and is articulated in Strong (1925). Lavidge and Steuart (1961) generalised it as a hierarchy of effects through cognitive, affective and conative stages. The framework is normative about sequence: each message should aim to move the audience to the next stage rather than attempt the final one at once. It applies naturally to both of the outreach forms studied here, since a carousel slide and a call opening each have only seconds in which to win attention, and each should end with a proportionate next step. Kotler and Keller (2022) place such sequences within integrated marketing communication, in which channels share one message and one brand identity.

2.4 Prospecting, relationship selling and the customer journey

Moncrief and Marshall (2005) trace the evolution of the classic steps of selling: prospecting, pre-approach, approach, presentation, objection handling, close and follow-up. Weitz and Bradford (1999) argue from a relationship-marketing perspective that the salesperson should act as a long-term partner who understands customer needs, and Spiro and Weitz (1990) show that effective sellers adapt their approach to the buyer and situation. Payne and Frow (2005) present customer relationship management as a cross-functional process that depends on capturing and using information about each customer, and Lemon and Verhoef (2016) conceptualise experience as a journey of touchpoints, some outside the firm's control. For a team making cold calls, these ideas imply that recording what was heard and following up appropriately are part of the sales conversation itself, not administrative afterthoughts.

2.5 Gap and analytical framework

The literature thus gives a view of what content should be like, how selling proceeds and why trust matters in healthcare, but little on how a small diagnostic company combines the two outreach forms day to day. This study uses AIDA to order the stages of both content and calls, perceived-risk and credence theory to interpret why accuracy and clarity matter, and the relationship-selling and CRM literatures to interpret



recording, follow-up and the feedback between functions. Figure 3 summarises the integrated model as a conceptual loop; it is a framework for reading the observations, not a measured result.

3. Methodology

3.1 Research design

The study is a single-site, participant-observation case study (Spradley, 1980; Yin, 2018) with elements of reflective practice (Schön, 1983). The design suits research questions that concern process and mechanism rather than the distribution of attitudes in a population. The case is bounded in time (25 May to 31 July 2026), place (the marketing and business development activity of one diagnostic services company) and function (content creation, platform handling, promotional material and cold calling).

3.2 Setting and role of the researcher

The author worked as a digital marketing and business development intern at LABRIDGE, a unit of Healtholife Healthcare Pvt Ltd, in the marketing department under a company mentor, as recorded in the company's internship certificate. The role carried live responsibilities rather than observational ones: preparing and adapting content, supporting website-related content, handling LinkedIn and Instagram posting, preparing posters and brochures, and prospecting and cold calling with recording of responses. The participant role gives access to the process that an outside observer would not obtain, but it also creates the risk that outcomes are interpreted in light of one's own involvement (Section 6).

3.3 Data sources

Four types of data were used. (a) *Assignment and activity records:* the tasks undertaken in each channel over the period. (b) *Artefacts:* the creatives produced and published, in particular a five-slide B2B LinkedIn carousel and three awareness-day posts (International HIV Testing Day, 27 June; International Self-Care Day, 24 July; World IVF Day, 25 July), which were retained as screenshots. (c) *Field notes and reflections* on content decisions, calls and feedback, written during and after the work. (d) *Secondary conceptual material* on digital marketing and business development. Industry sources were used only for context and are not treated as company performance data. Platform analytics (reach, impressions, engagement), call logs and enquiry or conversion records were not available for reproduction. An earlier draft of the internship report contained illustrative call-outcome charts; because those were not drawn from recorded logs, they are not used here as evidence. Customer identities and confidential commercial information are not reproduced.

3.4 Analysis

Field notes and records were organised by channel and by stage of the sales process and then coded inductively into recurrent themes using the logic of thematic analysis (Braun & Clarke, 2006). The published creatives were analysed descriptively against AIDA: each slide or post was read for the stage of attention, interest, desire or action it was intended to serve, and for the kind of claim it made. Because no quantitative data are reported, no statistical tests or intervals are presented; themes are described in approximate terms only.

3.5 Trustworthiness and ethics

Following Lincoln and Guba (1985), credibility was pursued through engagement over the full internship period, triangulation of field notes against the artefacts actually published, and explicit separation of what



was documented from what was not recorded (Table 1). Transferability is supported by describing the setting and activities in detail. Dependability and confirmability are limited by single-observer coding and are acknowledged as such. The creatives reproduced are the company's own published marketing materials; no customer or prospect personal data are reported.

4. Findings

4.1 Activity record and evidence status

Table 1 summarises the activity undertaken and, importantly, the status of the evidence for each element. The internship covered both digital communication and direct outreach. For the digital channels, the creatives themselves are available; for the outcomes of both digital and direct activity, quantitative records were not available for reproduction, and the paper therefore reports process and pattern, not performance.

Table 1. Activity undertaken during the internship and status of the evidence

Area	Activity undertaken	Evidence status
Internship period	25 May–31 July 2026 (about ten weeks)	Recorded (company certificate)
Role	Digital marketing and business development intern	Recorded
Content creation	Topic selection, copy drafting, adaptation by platform	Described; volume not logged
Website	Content and digital-presence support	Described; page-level records not reproduced
LinkedIn	Professional and B2B content, including a five-slide carousel and awareness posts	Creatives retained (Figures 1–2)
Instagram	Visual awareness and educational creatives	Described; creatives not reproduced
Posters and brochures	Promotional and informational material	Described; files not reproduced
Cold calling	Prospecting, calls, recording of responses, follow-up	Described; call counts and outcomes not available
Reach, engagement, enquiries, conversions	—	Not available for publication

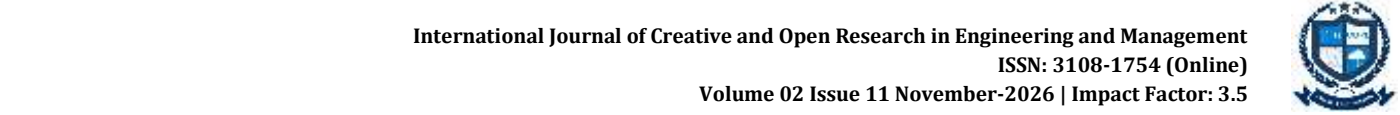
Note. "Not available for publication" means that the figures were not accessible or could not be disclosed; it does not mean that the activity had no effect.

4.2 Channel-wise observations

Table 2. Channel roles and the practices that appeared to matter

Channel	Observed role	Practice that appeared to matter	Learning
Website	Information touchpoint for services and company details	Clear headings, plain language, current information, visible contact route	Digital presence supports information-seeking and trust
LinkedIn	Professional and B2B communication	Corporate tone, relevant industry content, avoiding overly technical or promotional language	Credibility and networking
Instagram	Visual awareness and engagement	One main message per creative, readable hierarchy, consistent colours and fonts	Visual hierarchy
Posters	Quick, structured message	Strong headline, logical arrangement, final quality check	Concise messaging
Brochures	More detailed information	Organised service information, clean layout, proofreading	Information organisation

Note. Observations are qualitative and drawn from the author's field notes and assignment records; they are not counts.



The channels were not interchangeable (Table 2). The website acted as the information point to which other content could lead; LinkedIn was the professional and B2B channel; Instagram carried visual awareness and educational material; posters and brochures gave structured, portable messages for digital and offline use. Across all of them, the common requirement was consistency of brand identity and clarity of message, which is the integrated-communication logic described by Kotler and Keller (2022).

A consistent finding was that healthcare content required a higher standard of clarity and responsibility than ordinary promotional content. Because stakeholders use diagnostic information to decide, claims about turnaround, quality or coverage had to be checked against approved company information before being published. This is the practical consequence of the credence-attribute argument: where the buyer cannot verify the service, the communicator should not give the buyer unverifiable claims (Zeithaml, 1981).

4.3 Analysis of the creatives: a B2B carousel and awareness posts

The five-slide LinkedIn carousel (Figure 1) is the clearest documented example of content built for business development. Table 3 reads it against AIDA. It opens with a question-form headline aimed at partner laboratories (attention), lists four everyday operational problems (interest), shows how the company supports partner laboratories (interest to desire), summarises the benefits in a single slide (desire) and closes with a direct invitation and contact details (action). In other words, the carousel follows a problem–solution–proof–action order, and it makes the next step explicit.



Figure 1. Five-slide LinkedIn carousel prepared for B2B business development (company creative, reproduced from the internship record).

Table 3. The B2B carousel read against AIDA

Slide	AIDA stage	Content	Observation
1/5	Attention	Question headline on why diagnostic labs struggle with high processing costs; tagline on small inefficiencies	Opens with the prospect's problem, not the company
2/5	Interest	Four challenges: slow turnaround, logistics issues, reporting delays, high operational costs	Recognisable pain points build relevance
3/5	Interest to Desire	How the company supports partner labs: logistics, technology, operational support, quality assurance	Links each problem to a capability



Slide	AIDA stage	Content	Observation
4/5	Desire	Summary of advantages: faster turnaround, lower costs, better efficiency, improved accuracy, business growth	Comparative benefit claims; should be traceable to approved information
5/5	Action	"Let's grow together"; invitation to partner; website, e-mail and telephone	Clear, low-friction call to action

Note. Interpretation is the author's reading of the published creative; it does not claim that the carousel produced any particular response.

The awareness-day posts (Figure 2) served a different purpose. Each was anchored to a health-calendar date, delivered one educational message (for example "Know today, live tomorrow" on HIV testing; "Small steps. Big impact. A better you." on self-care), carried the same logo, colour palette and contact footer, and was published on the company's LinkedIn page. They illustrate educational, trust-building content that is not a direct sales message, and they show the consistent visual identity that the team aimed to maintain. The screenshots show a company page of roughly 3,200 followers at the time of capture, which indicates the size of audience such posts could reach, though no engagement data are analysed here.



Figure 2. Calendar-anchored awareness posts on the company's LinkedIn page: International HIV Testing Day (27 June), International Self-Care Day (24 July) and World IVF Day (25 July). Screenshots from the internship record.

The two creative types together reflect the distinction drawn in the content-marketing literature between useful, educational content and overtly promotional material (Holliman & Rowley, 2014). The carousel promotes a B2B offer through a problem-led story; the awareness posts build credibility with a wider audience. Both followed the same brand frame.

4.4 Cold calling: how the interaction was structured

Cold calling was approached as a sequence rather than a pitch (Table 4). The field-note record emphasises preparation of the prospect list, a brief professional introduction, a relevant question about the prospect's current requirement, careful listening, sharing of relevant information, accurate recording of interest or objection, and a planned follow-up. These steps correspond closely to the classic sequence of prospecting through follow-up (Moncrief & Marshall, 2005), and the script used during the internship was structured on AIDA: a short opening naming the caller, the company and the reason for the call (attention); a brief question about the prospect's current diagnostic arrangement (interest); a concise statement linking the



service to the need identified (desire); and a low-friction next step such as a follow-up call, e-mail or appointment (action).

Table 4. Stages of the cold-calling process and what appeared to matter

Stage	Practice	What appeared to matter	AIDA link
Prospect identification	Prepare a prospect list	Relevance of who is called	—
Preparation	Understand prospect and purpose of call	Preparation shaped confidence and relevance	—
Introduction	Introduce self and company professionally; state reason	Clarity and confidence in the first seconds	Attention
Need identification	Ask relevant questions and listen	Active listening revealed real requirements better than a generic pitch	Interest
Service communication	Share relevant information	Value tied to the stated need	Desire
Response recording	Record interest, requirement or objection	Accuracy enabled meaningful follow-up	—
Follow-up	Plan next contact where appropriate	Timing and respect for the prospect's preference	Action

Note. Qualitative observations from field notes; no call counts or outcome rates are reported because call logs were not available for publication.

Three observations stand out. First, a structured opening and a relevant question were more useful than a long generic pitch, consistent with the adaptive-selling argument that approach should fit the buyer and situation (Spiro & Weitz, 1990). Second, the objective of an early call was often not immediate conversion but to identify the right contact, understand a need or create a basis for further communication, which is the relationship-selling view (Weitz & Bradford, 1999). Third, recording the outcome of each interaction and planning follow-up was what turned a single call into a manageable opportunity, in line with the CRM emphasis on capturing and acting on customer information (Payne & Frow, 2005). The experience also built practical competencies: confidence, patience, verbal communication and the ability to respond to different prospect situations.

4.5 Integration: a feedback loop between content and calls

The most important pattern was the complementary relationship between the two functions (Figure 3). Digital content provides awareness, information and credibility before or after a direct interaction. Calls, in turn, reveal what prospects ask and worry about, and those recurring questions and concerns can be converted into frequently-asked-question content, educational posts and website explanations. The loop was observed as a working process; its strength was not measured. In particular, the author's notes describe an expectation that prospects who had encountered the company's content would be more receptive on calls, but this was not tested, and it is therefore stated as a proposition (P2) rather than a finding.

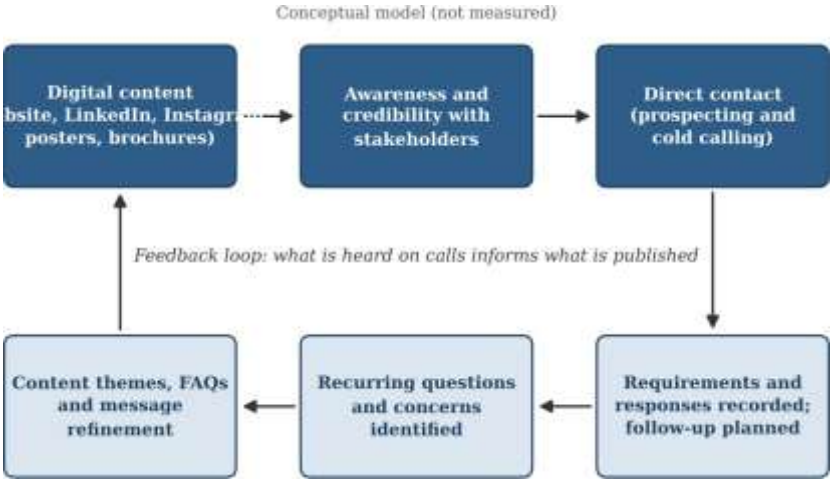


Figure 3. Conceptual feedback loop between digital marketing and business development, as observed. The loop is a framework for interpretation; none of its links was quantified.

5. Discussion

5.1 Interpretation against the literature

The channel-specific roles observed match the B2B social-media literature, in which platforms are used mainly for awareness and relationship-building (Michaelidou et al., 2011), and the preference for useful, educational content over overt promotion (Holliman & Rowley, 2014) is visible in the pairing of a problem-led carousel with calendar-anchored awareness posts. The AIDA reading of both the carousel and the call script supports the usefulness of the hierarchy-of-effects sequence for planning short messages (Lavidge & Steuart, 1961; Strong, 1925): attention is won or lost in the headline or the first seconds, interest is held by relevance to the audience's own situation, and action follows when the next step is clear.

The emphasis on verifiable claims fits perceived-risk and credence theory (Bauer, 1960; Zeithaml, 1981). Where the service cannot be judged directly, the communicator's credibility rests on being accurate and consistent, so an unsupported comparative claim carries more risk in healthcare than in many other sectors. The observation that marketing and business development work best when connected echoes Järvinen and Taiminen's (2016) finding that content depends on marketing–sales cooperation, and the recording-and-follow-up practices reflect the CRM view that customer information should be captured and used (Payne & Frow, 2005). Two qualifications apply. The carousel's benefit claims are plausible but their substantiation was not part of the record available here. And the whole account concerns one intern's work in one company over ten weeks, so it describes mechanisms, not magnitudes.

5.2 Propositions for future testing

The observations are generative rather than confirmatory. Table 5 states them as propositions, with the basis in this case and a design that would test each.



Table 5. Propositions arising from the case

	Proposition	Basis in this case	Suggested test
P1	Educational, calendar-anchored content builds more perceived credibility with healthcare stakeholders than purely promotional content.	Awareness posts and carousel served different roles under one brand frame.	Compare engagement and enquiry quality by content type using platform analytics.
P2	Prospects who have seen a company's B2B content are more receptive to cold calls than unexposed prospects.	Authorial expectation from the loop; not tested.	Matched comparison of exposed and unexposed call lists.
P3	Calls that open with a prospect-specific question secure follow-ups more often than generic-pitch openings.	Structured opening and relevant questioning judged more useful than a long pitch.	A/B test of scripted opening styles with call-log outcomes.
P4	Substantiated, checkable claims in healthcare B2B content generate higher-quality enquiries than unsubstantiated comparative claims.	Verification principle; slide 4 benefit claims.	Experimental comparison of claim styles in matched creatives.
P5	Feeding recurring call questions into content planning raises content relevance relative to content planned without business-development input.	Feedback loop observed as a process.	Stepped rollout with before/after engagement and enquiry rates.

5.3 Practical implications

The five practices below follow from the observations, were advanced as recommendations in the internship record, and require no new systems.

- **Keep a monthly content calendar.** Record platform, objective, target audience, format, approval status and publishing date, with a balanced mix of educational, awareness, service and organisational content. The aim is useful information rather than posting frequency.
- **Maintain a claims check.** Verify statements about turnaround, quality, coverage or capability against approved company information before publication, since trust is central in healthcare communication.
- **Use a simple prospect tracker and qualification frame.** Record prospect or organisation, contact status, requirement, last interaction, response, next action and follow-up date, and assess each prospect on relevance, current requirement, decision-maker status, timing and next action.
- **Create a regular marketing–business development feedback routine.** Convert recurring questions and objections into FAQ content, educational posts and website explanations, and brief the calling team on current campaigns.
- **Measure what is actually available.** Review reach, engagement, enquiries, website interactions and follow-up status, to learn which activities produce useful responses rather than to make unsupported performance claims.

6. Limitations and directions for future research

The findings must be read subject to the following limitations. *Duration:* about ten weeks is short for assessing the effect of content or follow-up. *Single case:* one company, one set of channels and one intern's assignments, in a business-to-business diagnostic setting. *No outcome data:* platform analytics, call logs and enquiry or conversion records were not available for publication, so the study cannot say what the activities achieved. *Participant-observer position:* a participant may interpret events through her own involvement; coding was single-observer and not independently verified. *Confidentiality:* internal financial and customer information could not be reported, so the analysis is at the level of process and



pattern. *Artefact reading:* the AIDA reading of the creatives is interpretive and does not show how audiences responded.

Future work could (i) test P1–P5 using platform and CRM data across several companies; (ii) compare content types and claim styles with analytics and enquiry quality; (iii) log call outcomes systematically so that conversion across stages can be estimated with appropriate intervals; (iv) interview prospects about how digital content affected their receptiveness; and (v) examine how healthcare-specific regulations and norms on advertising and data handling shape B2B content.

7. Conclusion

This paper has described, from inside the process, how digital content and cold calling were combined in the marketing and business development activity of a diagnostic services company. The channels played distinct roles; healthcare content demanded clarity, a single message and claims that could be supported; the creatives followed an AIDA-like logic; cold calls worked best as structured, listening-led conversations with accurate records and planned follow-up; and the two functions formed a feedback loop in which content lent credibility to calls and calls informed content. The case does not support statistical generalisation and does not claim to, and it reports no performance outcomes because none were available. Its contribution is a documented mechanism, five propositions that can be tested, and five low-cost practices that a marketing team can adopt now. In a trust-dependent field, the quality and consistency of communication is part of what is being sold.

Declarations

Author contributions. The author conceived the study, conducted the fieldwork, analysed the data and wrote the manuscript.

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Conflict of interest. The data were collected while the author was an intern at the organisation studied. [Author to confirm: the organisation did not fund the study or review its conclusions.]

Data availability. The assignment records and field notes contain confidential company information and are not publicly available. The published creatives analysed are shown in the figures.

Ethics. The study involved participant observation of routine work activity. No customer or prospect personal data are reported. The creatives reproduced are the company's published marketing materials; [author to confirm organisational permission for reproduction before external submission].

References

Bauer, R. A. (1960). Consumer behavior as risk taking. In R. S. Hancock (Ed.), *Dynamic marketing for a changing world* (pp. 389–398). American Marketing Association.

Berry, L. L., & Bendapudi, N. (2007). Health care: A fertile field for service research. *Journal of Service Research, 10*(2), 111–122.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa



Holliman, G., & Rowley, J. (2014). Business to business digital content marketing: Marketers' perceptions of best practice. *Journal of Research in Interactive Marketing, 8*(4), 269–293.

Järvinen, J., & Taiminen, H. (2016). Harnessing marketing automation for B2B content marketing. *Industrial Marketing Management, 54*, 164–175.

Kotler, P., & Keller, K. L. (2022). *Marketing management* (16th ed.). Pearson.

Lavidge, R. J., & Steuart, G. A. (1961). A model for predictive measurements of advertising effectiveness. *Journal of Marketing, 25*(6), 59–62.

Lemon, K. N., & Verhoef, P. C. (2016). Understanding customer experience throughout the customer journey. *Journal of Marketing, 80*(6), 69–96. https://doi.org/10.1509/jm.15.0420 Lincoln,

Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.

Michaelidou, N., Siamagka, N. T., & Christodoulides, G. (2011). Usage, barriers and measurement of social media marketing: An exploratory investigation of small and medium B2B brands. *Industrial Marketing Management, 40*(7), 1153–1159.

Moncrief, W. C., & Marshall, G. W. (2005). The evolution of the seven steps of selling. *Industrial Marketing Management, 34*(1), 13–22.

Payne, A., & Frow, P. (2005). A strategic framework for customer relationship management. *Journal of Marketing, 69*(4), 167–176. https://doi.org/10.1509/jmkg.2005.69.4.167

Pulizzi, J. (2012). The rise of storytelling as the new marketing. *Publishing Research Quarterly, 28*(2), 116–123.

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.

Spiro, R. L., & Weitz, B. A. (1990). Adaptive selling: Conceptualization, measurement, and nomological validity. *Journal of Marketing Research, 27*(1), 61–69.

Spradley, J. P. (1980). *Participant observation*. Holt, Rinehart and Winston.

Strong, E. K. (1925). *The psychology of selling and advertising*. McGraw-Hill.

Weitz, B. A., & Bradford, K. D. (1999). Personal selling and sales management: A relationship marketing perspective. *Journal of the Academy of Marketing Science, 27*(2), 241–254.

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE.

Zeithaml, V. A. (1981). How consumer evaluation processes differ between goods and services. In J. H. Donnelly & W. R. George (Eds.), *Marketing of services* (pp. 186–190). American Marketing Association.