

# Microdosing

## **Dear Health Systems, Nobody 'Wants' to Use You**

Why hospital brand building is  
fundamentally different

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No one wakes up hoping to use a hospital. Patients do not browse health systems the way they browse airlines, hotels, or retailers. They do not long for novelty, delight, or emotional connection in the usual sense. They arrive when something hurts, when something feels wrong, or when uncertainty becomes too heavy to ignore. In healthcare, usage is driven by need, not desire.

This distinction changes everything about how a brand is built, perceived, and sustained. It also explains why many branding conversations feel disconnected from patient experience. Consumer research from NRC Health and Press Ganey consistently shows that trust and confidence are the primary drivers of choice and recommendation when stakes are high. Affection or excitement play a minimal role.

### **Patients encounter brands, they do not choose them**

Most brand models assume a customer with full agency: awareness leads to consideration, consideration leads to preference, and preference leads to loyalty. Healthcare rarely follows this path. Patients do not want to choose a hospital. They want to feel confident they are in the right place. They want clear explanations and assurance that the people and systems around them are competent, aligned, and paying attention.

Research consistently shows that trustworthiness, clear communication, and feeling known are the strongest drivers of loyalty and advocacy. In this context, brand is not persuasion. It is recognition. Patients ask simple questions: does this feel familiar, does it match what I was told before, does it feel consistent across moments? When the answers align, trust forms quietly.

Health services research shows that when formal quality signals and lived experience align, intent to choose and recommend increases significantly. When they conflict, confidence drops sharply, even if objective quality measures are strong. Confusion, not lack of information, becomes the deciding factor.

### **Brand Lives in Operational Moments**

Health systems often think of brand as campaigns, taglines, or visual identity systems. Patients experience brand in operational moments. They notice when the website language matches the call center, when the name on a reminder email matches the building signage, and when instructions are consistent across the portal, paperwork, and billing.

These are not designed as branding moments. They are operational moments with brand consequences. Each handoff, from clinical to administrative to

digital and physical, either reinforces coherence or exposes fragmentation. Experience analytics consistently find that misaligned touchpoints and conflicting instructions create more negative sentiment than wait times or amenities. When names, instructions, and channels do not line up, people begin to question whether the system is actually in control.

Patients tolerate inconvenience. They do not tolerate confusion. Confusion appears quickly: instructions that change depending on whom you ask, bills from unfamiliar entities, phone numbers that do not match what the website says. Research on patient experience has shown that these "administrative mismatches" create anxiety, and anxiety shapes memory long after the clinical details fade. At the same time, survey data on hospital selection continues to emphasize the power of word of mouth: many consumers still describe recommendations from friends, family, and trusted clinicians as their most influential factor. Those recommendations are not shaped by campaigns; they are shaped by whether the system felt joined up or stitched together.

### **Consistency Outweighs Creativity**

In most industries, novelty captures attention. In healthcare, novelty raises suspicion. Strong health system brands repeat themselves relentlessly. Not because repetition is exciting, but because it is stabilizing. The same words. The same explanations. The same cadence and tone across websites, waiting rooms, phone trees, and bedside conversations. Branding and patient-experience specialists who work in healthcare consistently argue that consistency of language and behavior is one of the strongest signals of reliability and emotional safety.

Patients should never have to decode who you are while worrying about why they are there. Familiarity lowers cognitive load. Predictability creates confidence. Over time, repetition becomes recognition, and recognition becomes trust. Trust comes from consistency and time, not advertisements or logos. Research on branding and loyalty in healthcare point out that when patients can reliably predict how interactions will feel, they are more likely to stay with the organization and recommend it, even when competitors are visible and accessible. What may look like dull repetition to marketers often reads as competence to patients.

This is also where the limits of advertising show themselves. Campaigns can raise awareness. They cannot repair inconsistency or reconcile conflicting experiences. Experience travels on its own through conversations between patients, through referring physicians, through staff stories, and online reviews. Every interaction contributes to an informal narrative of who the organization is and how it behaves. Paid media simply amplifies that narrative,

for better or worse. This isn't an argument for either/or. Both campaigns and experience matter, but experience comes first.

### **Scale Is Where Brands Break**

Growth exposes brand weakness faster than any campaign. Adding locations, service lines, and acquired entities increases the risk of fragmentation. Inside the organization, differences may seem manageable or adaptive. Outside, patients feel the seams immediately. Names, portals, phone numbers, and paperwork that do not align reduce confidence.

Healthcare branding experts argue that brand at scale is less about saying more, and more about reducing contradictions. Clear naming conventions, shared language, consistent wayfinding, and a small set of experience rules act as connective tissue. Without these guardrails, every interaction becomes improvisation, and improvisation rarely inspires confidence.

Some of the most sophisticated health systems invest in restraint. They narrow the ways the organization is expressed so thousands of employees can represent the system consistently without thinking about branding. The goal is friction reduction at moments that are already emotionally and cognitively heavy. A coherent experience from referral to follow-up builds trust and loyalty over time.

### **The More Honest Reframe**

Health systems do not need to fall in love with branding. They need to accept that patients rarely remember promises. They remember coherence. They remember whether the organization felt aligned when they needed it most. Research increasingly frames trust as an outcome that can be designed and managed if organizations align what they say, what they show, and what people actually experience.

Clarity, consistency, and experience. When those elements hold together over time, they produce something stronger than message recall. They produce earned trust, built interaction by interaction, long after the campaign spend is gone. No one wants a relationship with a hospital brand. Everyone wants care that feels coordinated rather than chaotic, delivered by people who seem connected to each other and to the system around them. When that happens reliably, a strong brand emerges quietly, without heavy hype and without asking patients to care about something they never wanted in the first place.

Healthcare branding at its most honest is trust constructed quietly, one joined-up moment at a time. Patients hope they will never need it, but they are glad it is there and that it looks familiar.

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## **Acknowledgements & Citations**

This report draws insights and direct quotes from:

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