

The Role of Patient Stories in Health Care Brand Storytelling

Abstract

This study examines the use of patient stories as brand storytelling through interviews with marketing practitioners at top U.S. academic health centers. The study assesses how practitioners characterize the purpose of patient stories and how they use storytelling techniques of character and plot to reach strategic marketing goals. The study also considers the relation of patient stories to corporate storytelling and narrative advertising. The study has implications for brand story theory and practice.

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The call came at 10 p.m. on the Friday before Thanksgiving. There was a potential organ match for Isaac Browning-Ortega, 22, who had been waiting for an intestinal transplant since childhood.

But the news was even bigger: He could also receive an abdominal wall transplant from the same donor—a much rarer procedure that had been performed only 38 times. This was the scenario that he, his family and his doctors had hoped for. Reconstructing an abdominal wall—his was underdeveloped since birth—was key to supporting the new intestines and ultimately improving chances for success.

Was he now mentally and physically prepared to go through with it?

He was.

The above is the introduction of a patient story created and published by Stanford Health Care (Bai, 2023). The story illustrates a patient's successful (and dramatic) experience at the California academic health center. Patient stories are a common type of content created by U.S. hospitals and health centers. For example, all 22 health centers on the *U.S. News Best Hospitals Honor Roll* (Harder, 2023), including Stanford Health Care, publish patient stories on their websites. Hospitals and health centers account for one-third of U.S. health care spending and employment (Moon & Shugan, 2020), yet they face an increasingly complex environment as new actors enter the market and patients seek more control of their health care, changing the flow of health care information and value (Moorman et al., 2024). In this environment, health centers increasingly rely on branding to build and maintain relationships with consumers (Balasubramanian et al., 2024; Kemp et al., 2014).

Practitioner case studies show that patient stories have been used in health center marketing and advertising to communicate brand meaning and to support business goals such as patient acquisition and fundraising (Balasubramanian et al., 2024; Clark, 2009; Feinberg, 2011; Irigaray & MacCracken, 2011). Content analyses have found that patient stories include common storytelling techniques to show health centers in the best light, raising ethical questions about whether the stories accurately reflect the illness experience (Martel et al., 2022; McLeod, 2023; Patet, 2018). Although these studies offer insight into patient story form and function, they provide little evidence about how marketers create patient stories and why the stories turn out the way they do. Understanding how and why marketers create stories is a key step to informing future research into their content and effects, and it can contribute to the conversation about the ethics of using patient stories in health services advertising and marketing.

The purpose of this study is to explore the use of patient stories as a strategic marketing and branding tool. Through semi-structured, in-depth interviews with marketing and communication practitioners at the nation's top academic health centers, the study aims to understand the purpose of patient stories and which storytelling techniques marketers use and why. To the author's knowledge, this is the first study to explore patient stories as brand storytelling. The study is guided by Mills and John's (2021) theoretical model of brand stories, and the study contributes to theory in two ways. First, it supports and extends brand story theory by offering insight into (1) how practitioners co-create brand meaning and (2) how stories have dual, interdependent purposes: to emotionally connect with consumers through universal themes and to drive specific consumer outcomes. Second, the findings extend Mills and John's (2021) model to two other forms of brand-originated storytelling: corporate storytelling and narrative advertising. The study also has managerial implications for the use of brand stories.

Literature Review

Storytelling is central to the human condition, from ancient mythology (Kearney, 2002) to TikTok music challenges (Vizcaíno-Verdú & Abidin, 2021). Stories are symbolic representations of the experiences of characters as they take actions over time to navigate challenges (Boller & Olson, 1991; Moyer-Gusé & Dale, 2017). Humans interpret and understand information by organizing it and remembering it in stories (Adaval & Wyer, 1998), and research shows that stories with well-developed structures increase identification with characters and emotional engagement and lead to adoption of beliefs and attitudes communicated in the story (Green, 2021). Brands use storytelling to create connections with consumers. “Branding literature has long recognized storytelling as a powerful tool to provide meaning to the brand, and to build relationship between customers and brands” (Aimé, 2023, p. 1243).

Services Branding

A services brand represents a promise about the experience consumers can expect (Berry & Seltman, 2007). In the case of health centers, “a brand is a promise to consumers that the hospital will deliver on the kind of care needed” (Kemp et al., 2014, p. 126). Services brands are built through consumer experiences with the brand, the organization’s presented brand, and external brand communication (Berry & Seltman, 2007). Branding services is a challenge because it’s hard for consumers to visualize an intangible service experience (Gilbert & Stafford, 2022). This is why health centers use storytelling to build brand meaning, “the concept or impression that immediately comes to the customer’s mind in reference to the brand” (Berry and Seltman, 2007, p. 201). Although many believe managers define brand meaning, recent scholarship indicates it is developed through dynamic co-creation processes involving consumers and stakeholders (von Wallpach et al., 2017). In a case study of French clothing brand Petit

Bateau, Aimé (2023) found that marketing and communication practitioners interpret and perform brand storytelling “according to their own sensibility” (p. 1249). Although they may agree on business goals, they construct brand meaning based on a variety of factors such as individual preference and departmental objectives (Aimé, 2023).

Brand Storytelling

Brand storytelling is defined as “the use of literary storytelling techniques and narrative discourse applied specifically to marketing communications in order to promote brands to consumers in an engaging and meaningful way” (Mills & Robson, 2019, p. 163). To advance research on how and why marketers use brand storytelling, Mills and John (2021) developed a definition of brand story and a theoretical model of brand stories. They define a brand story as “a strategic brand narrative comprising critical elements of plot and character with the purpose of representing the brand in a meaningful way to consumers” (Mills & John, 2021, p. 3). This study uses the three elements of their model (purpose, character, and plot) to explore the strategic use of patient stories as described by health center practitioners.

Brand Story Purpose

Brand story purpose is the “intended consumer outcome conveyed explicitly or implicitly by the brand story” (Mills & John, 2021, p. 9). Research on patient stories reveals a variety of desired outcomes, including business goals such as patient acquisition and fundraising and brand goals such as awareness and meaning (Balasubramanian et al., 2024; Clark, 2009; Feinberg, 2011; Irigaray & MacCracken, 2011). In interviews with five marketing and communication practitioners at children’s hospitals, Patet (2018) found their purpose was twofold: to communicate a sense of hope and the health centers’ clinical expertise. In their content analysis of Canadian patient story videos, Martel et al. (2022) concluded that stories seek to create brand

meaning that involves clinical expertise and patient-centered care. Mills and John (2021) suggest brand stories that are authentic and elicit emotional involvement from consumers are more likely to meet their desired outcomes. Patient stories are designed to show authentic experiences (Irigaray & MacCracken, 2011) and to make an emotional connection with consumers (Feinberg, 2011). This leads to the first research question:

RQ1: How do health center practitioners characterize the purpose of patient stories?

Brand Story Character

Brand story characters are the actors in the story who overcome challenges (Mills & John, 2021). Each brand story character has an archetypal persona, such as the hero, sage, or caregiver, that illustrates universal and recognizable characteristics (Mark & Pearson, 2001). Typically, brand stories contain both a consumer and the brand, and depending on the purpose, either one can be the central character (Mills & John, 2021). Patients often are the main characters in patient stories, and the brand often is represented by physicians employed by the health center (Martel et al., 2022; Patet, 2018). Patient stories might also feature family members of the patient in certain cases, such as pediatric patients who cannot tell their own stories (Patet, 2018). This leads to the next research question:

RQ2: How do health center practitioners characterize their use of character in patient stories?

Brand Story Plot

Brand story plot describes the structure of the story, including the sequencing of actions, cause-effect associations, and state changes, i.e., how a character overcomes a challenge (Mills & John, 2021). Plot classifications describe common and recognizable story structures that are used in entertainment, mass media, and strategic communication to allow for audiences to

understand messages more easily. Common plots work because they are familiar to audiences and support story meaning. Martel et al. (2022) note that the patient stories most often display the Quest plot, which describes a search for a treatment or cure (Booker, 2005; Kent, 2015), or the Restitution (Frank, 1995) or Transformation (Kent, 2015) plots, which emphasize the overcoming of a life-changing situation. This leads to the next research question:

RQ3: How do health center practitioners characterize their use of plot in patient stories?

Boundary Conditions

Mills and John's (2021) theoretical model excludes corporate storytelling and narrative advertising, and they suggest research should explore whether and how their model applies to these types of brand-originated storytelling. Corporate storytelling refers to the use of storytelling to communicate corporate strategy within organizations (Denning, 2006; Spear & Roper, 2016). The concept is similar to brand storytelling but with a focus on internal audiences. Narrative advertising uses storytelling to persuade by creating a mental image of cause and effect with the brand or product positioned as the solution to a problem (Chang, 2019; Escalas, 2004). Although advertising typically is associated with paid promotion, the latest definition includes non-paid promotion: Advertising "is paid, owned, and earned mediated communication, activated by an identifiable brand and intent on persuading the consumer to make some cognitive, affective or behavioural change, now or in the future" (Kerr & Richards, 2021, p. 190). Because exploring boundary conditions associated with a theory can help develop the theory further (Busse et al., 2017), the study's final research question:

RQ4: How do health center practitioners characterize the relation of patient stories to (a) corporate storytelling and (b) narrative advertising?

Method

This study uses semi-structured, in-depth interviews to understand why and how health center marketing and communication practitioners create patient stories. The value of this qualitative method stems from its ability to provide understanding of perspectives through stories and explanations, uncover implicit conceptualizations of phenomena, elicit unique language forms, and shed light on things that cannot be observed by other means (Lindlof & Taylor, 2002). In addition, this method is familiar to the practitioners, many of whom use interviewing to elicit meaning from patients, physicians, and other stakeholders in the course of their work.

Population

Academic health centers are a specialized type of health care organization that consists of three enterprises: a medical school for physician training; a research center for basic and clinical science; and one or more hospitals and/or medical clinics that provide patient care (Aaron, 2000). Academic health centers have a tripartite mission of education, research, and patient care and share a common goal of improving the health and well-being of their communities (*Alliance & AAHCI Membership*, n.d.). Academic health centers are routinely named to lists of the nation's "best hospitals," and they enjoy broad brand recognition because of this stature (Kocher & Wachter, 2023). Among the leaders in health center branding are well-known academic health centers such as Mayo Clinic and Johns Hopkins (Kemp et al., 2014; Kocher & Wachter, 2023).

Sample

Participants were recruited from academic health centers on the *U.S. News Best Hospitals Honor Roll* (Harder, 2023), a well-known rating of hospital quality (Larson et al., 2005). All 22 health centers on 2023-24 *Honor Roll* are academic health centers, and all publish patient stories. To identify practitioners who create patient stories, I searched the health center websites and cross-referenced practitioner names on LinkedIn and other public directory sites to confirm their

roles at their health centers. I contacted practitioners via email using a recruitment script approved by my university's institutional review board. The recruitment script included a description of the study purpose and requirements, a link to the consent form, and a link to schedule an interview. Participants were offered a \$25 gift card for participation. The script indicated that neither participant names nor health center names would be published in research.

The sampling method resulted in interviews with 11 practitioners from nine academic health centers, representing 41% of health centers on the *Honor Roll* (Harder, 2023). Judgment of sample size sufficiency should be made based on factors specific to the study (Vasileiou et al., 2018), and this study intentionally targeted a small population to learn how practitioners at the top health centers practice patient stories. Another way to gauge sample size sufficiency is through the concept of data saturation. Guest et al. (2006) empirically determined that 12 interviews was “the point in data collection and analysis when new information produces little or no change to the codebook” (Guest et al., 2006, p. 65). However, they noted that sample homogeneity might result in data saturation at lower numbers. Because of the relative homogeneity of the current study's sample in gender and tenure (see below), no new codes were generated after the eighth interview. The additional three interviews confirmed data saturation.

All but one participant identified as a woman, though several men were recruited. Women make up 70% of U.S. marketing and advertising professionals (Navarro, 2024) and nearly 70% of health care managers (Berlin et al., 2023). Eight of the 11 participants reported five or more years of experience at their health center. About half of participants reported working in integrated marketing and communication departments, while the rest reported working in either a communication department or a marketing department. One participant worked in a media affairs department. About half of participants identified as story writers, while the other half identified

as strategists who primarily select stories for others to write. These practitioners included editors of health center print magazines (P10, P11), a service line marketing manager (P06), a patient story project manager (P05), and a media affairs director (P03). Because of this variation in roles, for two health centers, I interviewed two participants each to better understand the process.

Procedure

To prepare for data collection, I developed an interview guide based upon the research questions. I revised the guide after each interview to ensure questions were relevant to participants and successfully eliciting rich descriptions. The interviews were conducted between October 5, 2023, and February 21, 2024. The median interview length was 66 minutes. Ten of the 11 interviews lasted more than 45 minutes. The interviews were conducted via Zoom, recorded, and the audio transcribed for data analysis. Before beginning the interviews, the participants were asked if they had questions about the consent details or process (descriptions of which had been provided to them via the recruitment script) and then asked to affirm consent to participate. Six participants accepted the gift card. The remainder declined.

Data Analysis

The study used thematic analysis to uncover patterns of meaning and themes in the interview data (Braun & Clarke, 2006). This process started with the development of orthographic transcription of each interview representing all verbal and nonverbal communication (Braun & Clarke, 2006). This helped to develop initial understanding of the data as the interviews progressed, and it informed revisions to the interview guide described in the sampling and procedure section. After transcribing the interviews, I reviewed the transcripts and made initial notes on potential meanings and codes. After making notes on all of the transcripts, I coded data extracts for as many potential patterns as possible, taking care to keep surrounding

data for context (Braun & Clarke, 2006). In some cases, data extracts were included in multiple codes. After coding, I sorted codes into potential themes, resulting in an initial thematic map that served as a visual representation of the patterns in the data. This phase involved reviewing the data extracts for each theme and reviewing themes in relation to the entire data set. Finally, I named each theme and developed an accompanying narrative to describe the theme and how it works with the other themes to address the research questions.

Findings

This analysis uncovered several themes related to the research questions. Practitioner perspectives varied based on their role within their health centers and their professional experience. For instance, about half of the practitioners primarily write patient stories (writers) and have journalism backgrounds, while the other half primarily work as managers and editors who focus on storytelling strategy (strategists), though they also write stories as well. Both editors who oversee health center publications also have journalism backgrounds.

RQ1: “It Leaves You With a Good Feeling”

When asked about the purpose of patient stories, strategists were more likely to mention brand and business goals than writers. Writers emphasized the importance of communicating universal themes. When prompted to think of potential organizational goals for patient stories, most of the writers were able to articulate the same brand and business goals mentioned by the strategists, though they said they prioritized the universal themes. Practitioners mentioned a range of brand and business goals, including patient acquisition, financial donations, physician recruitment, communicating clinical expertise and differentiated services, and illustrating compassionate care. Practitioners said the majority of patient story ideas come from doctors, and strategists underlined the role of patient stories to promote services.

Ninety-five percent of the time when we bring the patient in for a story it is to support and highlight a service line. ... There are those rare occasions when a patient has done something extraordinary like, say, running marathons during cancer treatment. That would be a situation where we would highlight the patient because the patient has done something really wonderful. But 95% of the time, overwhelmingly, the patient is selected to promote or highlight a research breakthrough or surgical a service line, those type things. (P11, magazine editor)

Practitioners also noted that patients are only featured in stories if they have had a successful experience. The media affairs director, P03, said this is because the primary purpose is to reinforce the idea that coming to the health center will be successful.

Through patient stories we demonstrate success. We demonstrate that we can, you know, tackle those really difficult cases, and patients can thrive as a result of our care. And then in turn, you know, patients will want to come to us for that care. (P03, director)

Writers used a variety of words to describe the themes they try to communicate through patient stories (hope, confidence, resilience, and connection), and they all related to evoking emotions.

People want to feel things. ... People can see themselves in these stories, or they feel something. They cry because they're a parent, and they're reading a story about a little girl who had a heart transplant, and they feel grateful that they didn't have to go through that. And they're happy that she was saved by this miraculous surgery. It's just feeling inspired, feeling connected, feeling happy for someone else, feeling grateful that that isn't happening to me. Just feeling. (P07, writer)

Writers suggested that feelings create the emotional connection that serves as the mechanism through which the story's strategic intent is successfully communicated.

If you feel connected, whether it's to that individual or to the organization, I think that's why it achieves an objective. I mean, if you feel moved when you read something, you have a favorable view of the individual who's, you know, the subject of the article, and maybe the place, and everything else. It leaves you with a good feeling. (P09, writer)

Writers emphasized that the strategic intent of patient stories often is clear when they begin writing because those are communicated by marketing managers or editors who assign the stories. It's then their job to identify the human lesson by listening to the patients, who they characterized as active co-authors of the stories.

I care more about ... what the patient wants me to know. So, I just kind of let that guide, and I feel like a successful patient story is one in which I feel like ... I've gotten to the heart of whatever the specific topic is and presented that in a way that is both true to the patient and where someone reading it can feel some sort of connection to it, whether or not they've gone through whatever this patient has gone through. (P07, writer)

Writers acknowledged it's easier to find universal human lessons for some stories, especially those with high stakes such as cancer patient stories.

You know, God willing, we'll never have to be so sick like that. But we all have to summon resilience in our lives for any number of challenges. So, you know, the feeling, the emotion, the resilience, the overcoming, like those kinds of emotional themes are the ones that I hope to convey. I hope that when you read this story, whether or not you're ever gonna, you know, have breast cancer or this rare stomach cancer ... that you can

relate to [the patient's] resilience, and how did he find strength, and how does he get faith and so it becomes more universal. (P09, writer)

Although writers emphasized finding and communicating the human lessons in patient stories, they also said one of the goals of patient stories is to help consumers understand what it's like to receive care. "Health care can be alienating, it can seem cold and clinical, and there's just something about a human story that can help make those things feel more comfortable and accessible" (P08, writer).

Although writers primarily envision a general consumer audience reading their stories, they are aware that people might be reading their stories because they're facing the same conditions that are portrayed in the stories. All practitioners said their stories are posted on their health center websites, and this makes them easily discoverable day or night.

I want anybody with a diagnosis to be able to pull up the story in the middle of the night when they can't sleep and just say, 'You know, there are people out there that care about me, that understand this condition, and that are working really, really hard to address it with the best outcome possible.' So, you know, it's very patient-motivated. (P02, writer)

Although this type of impact can seem difficult to measure, practitioners described hearing from about patients who scheduled appointments after reading patient stories.

We had one [patient story], for instance, that showed how a certain form of hydrocephalus can come across with symptoms that are very, very similar to dementia. And somebody actually wrote us and said that their family member... was assumed to have dementia, and after reading that patient story ... they got tested and actually found out that they had a form of hydrocephalus and were treated for that successfully, and that

their loved one showed improvements. I mean, that's like ... that's gold to hear something like that. (P02, writer)

Several writers said they rarely thought about the health center's business goals, and in a couple cases, writers said they were unsure of the overall patient story strategy.

You know, I wish that had ever been explicitly articulated to me. Like, I really don't know. ... You know, if I had to guess from, you know, just my understanding of [the health center] and the marketing team and stuff, it's to demystify the patient experience, to give people hope, to give people a positive association with the [health center] brand, you know, to give them a reason to choose [the health center], especially for things that are a little more complicated, conditions that are more complicated, like, I don't know, 'tertiary, quaternary care' ... I don't, whatever the jargon is. (P08, writer)

Another suggested that it was not a problem for writers and marketers to have different purposes for writing patient stories.

Oh, they want people to come to the hospital. ... Yeah, and, well, I should clarify: That's not my goal. Like, I don't care if more patients come to [the health center] or not. I just wanna reflect a person's experience accurately, and then hopefully, like, you know, create a pleasant reading experience for the reader. ... but I think if I do my job well, it totally satisfies what they need to do. (P09, writer)

Despite the idea that the business goals are not shared goals, the same writer concluded: "I think that marketing and I have different objectives," (P09, writer).

One manager said the idea is that consumers who need care will find the patient stories and they will help spur them to seek care.

The business goal is to get more patients in the door in addition to showcasing why the institution is best, better, or different than our peers ... It sounds a little cold to, like, in a way you're using somebody else's story to try and get more people in. But if we can help somebody ... it's all about connecting the dots in marketing, and like, if there's more we can do to get patients in the door to see the right [doctors], that's what I wanna do in my job. (P06, manager)

RQ2: “You’ve Got the Protagonist and Their Challenge”

Practitioners said that patient stories typically have two characters: the patient and the doctor. Practitioners unanimously described patients as co-creators of meaning and co-authors of their stories. “My goal, No. 1, would be to... accurately reflect a patient’s experience. ... I want the patient to be happy with how their experience is portrayed” (P08, writer). They described doctors as supporting characters that help patients along their journeys. Practitioners explained that both doctors and patients must provide approval of patient stories before they’re published, but they emphasized the importance of the patient’s judgment.

When we write something we send it to the patient for the patient’s approval, for accuracy and comfort to make sure that that patient is comfortable with the information that will be shared in the article and that it is accurate. (P11, magazine editor)

This focus on patients as co-authors means that patients are the protagonists of their stories. “It’s kind of like a novel, you know, you’ve got the protagonist and their challenge” (P02, writer). This requires practitioners to elicit enough detail from patients to write stories that show rather than tell what their experience was like.

What helped you stay strong during your treatment? How did friends or family support you? I ask them, when were you most worried? And then I ask them, when did you start

to feel help hopeful? And then we go into sort of the phase three: What is life for like for you now? What would you tell other people diagnosed with the same thing? So that's kind of the arc that I follow. (P02, writer)

Practitioners also ask about the patients' families and support networks and incorporate that information into the story when relevant. The same holds true for their hobbies or vocations: Those pieces of information, when relevant to the health care experience, can help make the patient a three-dimensional character, practitioners said.

Maybe I really wanna know that she was a librarian, and during the process of getting a heart procedure, all of the students wrote letters to her, and she got the procedure on Thanksgiving. And they wrote letters to her on Thanksgiving. So that's important. And that makes it... that is like the humanistic part. (P05, manager)

More than one practitioner described knowing that they were getting to the heart of a patient's experience if the patient cries during an interview. "I can't tell you how many times I interview people and they cry on the phone, even if they've had, like, a completely great outcome. But they're remembering what it was like when they didn't know [the outcome]" (P08, writer).

Practitioners also emphasized how the use of photo and video with their written stories helps to deepen the audience's identification with the patients. "You want to see the people because the pictures also tell an element of the story" (P04, writer). Most practitioners reported that their health centers have photo and video staff, so sometimes the health center takes professional photos of the patients to use with stories. If the patients do not live close by and won't be visiting the health center, the practitioners will ask for submitted photos.

We are in an age where photos are more interesting to people than copy, right? Like in the Instagram world, it's so important to have the photo. It's helpful to, you know, deepen that connection to be able to see the person. (P07, writer)

Practitioners said photos that include family and friends and show patients in environments where they're comfortable do the most to increase the connection with readers.

We'll ask for pictures from the patient, and, you know, typically they'll send us pictures of, you know, themselves horsing around with their kids or hanging out with their friends, or whatever. So, we really try to get that intimacy, that this is a real person kind of feeling. (P02, writer)

Despite the overwhelming focus on patients, practitioners noted that doctors are important characters. Not only are service lines and doctors the primary source of story ideas, but the doctor-patient relationship is a key part of most stories, they said.

The relationship between the provider and the patient is something I always ask about and we include in the patient story ... because it exemplifies that compassionate care [and] that they know the patient and have a relationship with the patient. (P01, writer)

A couple practitioners mentioned that doctors can be less compelling characters because people expect them to advocate for medical care. Another practitioner mentioned that some communities distrust doctors, so they might trust messages from patients more.

I think equity is a really big thing, and some people are reluctant to go to doctors, different cultures, different communities, there is that reluctance. And so, hearing from a doctor is not always gonna get through to people. And so, I think when [patients] tell their own experience, that's more relatable, that's the emotion, that's really what people are going to relate to and really listen to. (P03, director)

Practitioners said the doctor serves as representative of the health center brand and to illustrate brand meaning. “We’re trying as an organization to connect with our audience, to relate to them, and also keep [our health center] top of mind if and when they need care” (P01, writer).

RQ3: “There’s Definitely a Before, During, and After”

When asked about plot, practitioners described thinking about story structure in a variety of ways. Some thought about traditional plot structures, while others were focused on elements such as beginnings and endings. The concept of character was closely related to plot, as all practitioners said that the specific details of each patient’s experience guided the story structure. “I just let the story guide me” (P07, writer). Another practitioner cautioned that trying to fit a patient’s story into a formula would reduce its authenticity. “We’re really mindful of letting the background and the details really drive the narrative of the piece” (P05, manager).

Some practitioners described using ideas about story structure to guide their interviews with patients. P02 (writer) described three essential elements: What happened to you? What did the health center do for you? And what’s life like now?

So, we have in the beginning sort of a summary where it kind of hits those three points. So-and-so was diagnosed with this, and, you know, sought help, turned to [our health center]. Such-and-such practitioner ... recommended this care plan and walked them through this procedure. And you know, today, the patient is playing kickball with their kids. (P02, writer)

P02 said the three-part structure is supplemented with character development, and vivid details are used throughout the story to make it realistic and relatable. Practitioners also emphasized the use of a summary paragraph to let audiences know the general outline of the story. Most of the writers suggested this was best practice based on their journalism experience,

where this summary is referred to as a nut graph, as in it explains the story “in a nutshell” so readers know what to expect. “You have your opening, you have your nut graph, then you sort of get into the chronology, and then you have your kicker [ending], and like pretty much, if you look at all my stories, that’s what it is” (P08, writer).

The practitioners described the common purpose of this structure is to communicate the patient’s change from illness to health and the health center’s role in facilitating that change. “People go through changes. You know, there’s definitely a before, during, and after in these people’s lives. They’re not the same” (P02, writer). Another practitioner emphasized the need to use enough detail to show all aspects of the patient’s experience.

I had a journalism mentor early on who used to say, ‘You have to show them how bad it got if you wanna be able to show how good it got.’ So, I do feel like that’s an important part of the story. Because if we’re gonna be able to feel with the patient, then then we need that emotional scope in the story. (P09, writer)

Several practitioners described focusing on beginnings and endings (leads and kickers, in journalism parlance).

I think mostly about the lead and the kicker. Like as I’m getting going, [how do I want to start?]. Then I’m thinking about how I want to end it. And am I going to end it with a quote? Am I going to end it with an image? You know, like a written image. (P09, writer)

Practitioners described using multiple techniques to grab a reader’s attention at the beginning of a story. This could be changing up the chronology or using “a dramatic opening that’s gonna pull you in” (P08, writer). The use of quotations also is a way to establish identification with the patient.

I'm thinking of something one of my first editors said: 'Good quotes up high.' If I have a strong quote, I generally try to not mess around too much, to hit it strong in the beginning, like, get right to the heart of what happened... you know, super moving, grab your attention, and then we can filter down from there. (P07, writer)

Practitioners said they give structure a lot of thought because it's part of being true to the patient's story. Whether the story is about finding out what's wrong or quickly fixing a common condition, "the nut of the story is always they get something back. They retrieve something that was lost. With our help" (P02, writer).

RQ4a: "It's Not Just Coming out of the Mouths of Our Leadership"

In discussing patient story distribution and promotion, practitioners mentioned stories are routinely posted to health center intranets (internal websites) and distributed via internal email newsletters. Practitioners described how these stories bring to life health centers' missions, visions, and values, and how they reinforce leadership messages. "I think [patient stories] are huge to the organization, to the employees and the staff to see these and realize that ... this organization that you work for has changed this person's life" (P06, manager). This manager went on to say that patient stories should be used more for internal communication.

Sometimes [as employees], we're so disconnected and so just stuck in our own world, and whether you know you're a nurse, you're a tech, you're a communications person, you're an IT person, just to see that, 'Okay, there is a there is a bigger picture in all that we're doing, and it's not just coming out of the mouths of our leadership. But it's actually, you can see it in the face of somebody whose life has been drastically changed because of what this institution did for them.' (P06, manager)

Practitioners also suggested that patient stories serve to provide recognition for the doctors, clinical team, and staff members of the featured health care service. This extends to the communicators who create patient stories as well. “If I get internal messages from people who have read it, if they compliment me, that makes me feel good” (P04, writer).

RQ4b: “We Do Use Patient Stories in Advertising”

Some practitioners were hesitant to acknowledge the persuasive intent of patient stories. When asked if they thought patient stories were advertising, most paused, laughed, or made a pained expression. “Oooh! ... In a way they are. I just I find that it ... makes it sound dirty. But yeah, we do use patient stories in advertising our institution” (P06, manager).

Several practitioners mentioned that their health centers regularly use patient stories in multichannel lead generation and brand campaigns. This could be through the promotion of existing written stories, or the health center marketing team might film patient interviews separately for inclusion in the campaign. “If we decide that in order to build volume, we need a consumer-focused marketing campaign, one of the strongest things that we can do is create patient stories, whether it’s in video format or written format” (P06, manager).

Another manager noted the belief that advertising requires paid elements.

I think patient stories are an awareness tool. I think that they’re organic in how we produce them. When I think of advertising, I feel like there’s specific criteria to what that means in terms of paid elements, and I feel like categorizing them [as advertising] takes away some of the authenticity of what we really strive for... and what we really pride ourselves on. So, I wouldn’t classify them as advertising, in that sense. (P05, manager).

The longer they thought about the question, the more they tended to think that audiences might perceive patient stories as advertising. “From a lay standpoint, common sense answer, yes.

Because very often these patients do agree to be in marketing campaigns after we've done stories on them" (P11, magazine editor).

Discussion

This study examined the perspectives of marketing and communication practitioners at the nation's top academic health centers to understand how and why they use patient stories for strategic marketing and branding. To the author's knowledge, this is the first study to explore patient stories as brand storytelling. This study was guided by Mills and John's (2021) theoretical model of brand stories, which emphasizes the role of purpose, plot, and character. Findings offer support for the model and provide further explanation for why and how the three brand story elements work in the patient story context. Findings also show how the model applies to two other forms of brand-originated storytelling: corporate storytelling and narrative advertising.

In describing the purpose of patient stories, practitioners said their primary goal was to make an emotional connection with audiences by being "true to the patient" (P07, writer) and telling authentic stories (Aimé, 2023; Kemp et al., 2014; Mills & Robson, 2019). In addition, practitioners identified several business and brand goals for patient stories, including patient acquisition, financial donations, brand awareness, and positive brand meaning related to clinical expertise, differentiated services, and compassionate care (Clark, 2009; Feinberg, 2011; Irigaray & MacCracken, 2011; Martel et al., 2022; Patet, 2018). Practitioners acknowledged that they only tell stories with good patient outcomes, and this has caused scholars to question whether audiences might get the wrong impression about treatment options or make biased decisions based on patient stories (McLeod, 2023).

Practitioners described patients as co-creators of meaning (Aimé, 2023) and co-authors (Martel et al., 2022) and protagonists of their stories. They were most often used in the hero role,

which describes a character who triumphs over adversity (Mark & Pearson, 2001). Doctors typically serve as brand characters in a supporting role of sage (wise teacher) or caregiver (compassionate helper) (Mark & Pearson, 2001). Practitioners described using common plots such as Quest (Booker, 2005; Kent, 2015), Restitution (Frank, 1995), or Transformation (Kent, 2015) to illustrate the patient's journey from illness to health. These common personas and plots might also contribute to the previously mentioned "ethical quandary" of patient stories (McLeod, 2023, p. 31).

Practitioners described how patient stories are used to meet corporate storytelling and narrative advertising goals. For the former, patient stories are used internally to illustrate health center mission, vision, and values; reinforce leadership messages; and to increase employee morale (Denning, 2006; Spear & Roper, 2016). Although practitioners were uneasy about advertising's negative connotations, they acknowledged that patient stories are used to create a mental image of cause and effect with the health center brand positioned as the solution to the patient's problem (Chang, 2019; Escalas, 2004).

Implications

Brand story theory may benefit from emphasizing the importance of dual purposes: brand strategic intent *and* universal themes. Practitioners in this study described using the patient's experience to illustrate universal themes to emotionally engage consumers. They suggested this engagement captures consumer attention and enables effective communication of the brand purpose. Without an authentic and emotional universal theme, the brand purpose is unlikely to be achieved. Managers may want to ensure that practitioners creating brand stories (1) understand the brand and business goals and (2) can identify and incorporate universal themes to establish

authenticity and emotion. Brand stories are likely to be most successful when managers plan stories to include both purposes.

In addition, brand story theory may be useful in the study and practice of corporate storytelling and narrative advertising. Practitioners in this study suggested that patient stories meet objectives for both, and scholars should explore this idea in other brand story contexts. For managers, this finding signals the utility of brand stories for multiple audiences. A story about a consumer's positive brand experience likely will resonate with employees and sharing it internally can provide an opportunity to increase employee brand identification and recognize employees involved in the service experience. Similarly, managers may consider using brand stories in place of (or alongside) traditional advertising tactics.

Limitations and Directions for Future Research

The sample for the study only included marketing and communication practitioners employed by academic health centers, and the findings are limited by these choices. Other hospitals and health centers create patient stories, and the practitioners or freelancers who do that work likely have ideas about the topics explored in this study. Future research should aim to understand patient stories goals, processes, and meanings in non-academic health centers and by freelance marketing and communication practitioners. Additionally, future research should explore the perspectives of patients and doctors, as well as the ethical implications of portraying only positive health care outcomes.

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