

Five questions that can change how you manage your hospital's reputation

By **Michael Petrone** | October 2026

Reputation is easy to discuss in the abstract. Health systems want to be trusted, respected, and valued by the communities they serve. They invest in research to understand how people see them and communications to shape those perceptions.

The harder questions start when you ask what you're actually trying to accomplish.

Over the course of this series, we've looked at reputation as something a health system can use. It can create room to make difficult strategic decisions, strengthen advocacy, shape community relationships, and give other people a reason to lend their credibility to your cause.

The following five questions can help leaders think more deliberately about what they're building and what they ultimately expect their reputation to do.

Are you managing your reputation or measuring it?

Health systems have more ways than ever to understand what people think about them. Research can reveal where trust is strong, which audiences see the organization differently, and where perceptions are changing.

Reputation management begins with deciding what to do about what you've learned. A policymaker who doesn't understand the health system's economic contribution may need more context. A decline in employees' willingness to recommend the organization may point toward problems in their day-to-day experience that require operational or leadership attention.

A reputation dashboard can become surprisingly sophisticated while the reputation itself remains unchanged. Tracking a perception more precisely doesn't alter the evidence people are using to form it. The value of the measurement comes from what the organization does differently because of what it learned.

Does everyone need to think the same thing about you?

Healthcare organizations often want a clear, consistent reputation. That can easily become an expectation that every audience should hold the same beliefs about the institution.

People have different relationships with a health system, and those relationships naturally shape what matters to them. Employees know the organization as a workplace. Patients experience it through care. Employers, policymakers, and community leaders see other dimensions of the institution.

The more useful question is whether those perceptions make sense together. Those different experiences can reinforce a recognizable understanding of what kind of institution the health system is.

Trying to make every audience repeat the same three brand attributes can flatten something much more valuable. Reputation gains strength when different experiences add up to a coherent picture.

Are you trying to change a perception that you've earned?

An unwanted perception may be a conclusion people have reached after repeated experience. Before trying to change it, understand where it came from.

If scheduling, billing, and referrals repeatedly make people's lives difficult, those experiences will continue reinforcing a reputation for being difficult to navigate. Community leaders who believe the organization only calls when it needs something may interpret another burst of stakeholder outreach through exactly that lens.

Research can identify the perception and help uncover the evidence behind it. If the organization continues producing that evidence every day, changing the message asks people to disregard their own experience.

Reputation management may require changing what people experience before asking them to believe something different.

When does protecting your reputation start hurting it?

Reputation concerns often produce caution. Leaders worry that responding to criticism will amplify it, challenging an opponent will make the organization look defensive, or taking a public position will alienate part of the audience.

Staying quiet carries its own reputational risk. A payor can characterize a contract dispute as a hospital demanding higher prices. An advocacy organization can present a policy proposal as a simple solution to healthcare affordability. Those explanations become harder to dislodge as people hear them repeatedly without another perspective.

The decision to engage depends on the stakes, the audience, and the potential consequences of the narrative taking hold. Allowing someone else to define the economics of healthcare can leave the organization trying to correct an established belief long after the argument began. In other circumstances, engaging may give a minor criticism more attention than it would otherwise receive.

Reputation management includes judging the consequences of speaking and of allowing someone else's version of the story to stand.

What do you want your reputation to make possible?

A reputation score tells you something about how people see the organization. Its strategic value depends on what those beliefs allow the health system to accomplish.

A health system may need community support for a major investment or credibility when explaining a difficult strategic decision. Policymakers may need to understand its role in access and the regional economy before a consequential policy debate begins. The organization may need talented people to see it as a place where they want to build a career.

Those future needs can help define the reputation worth building now.

A health system that expects to explain complicated financial realities someday needs reasons for people to believe it before that explanation becomes necessary. An organization that may eventually need community support for a difficult decision needs relationships and understanding that extend beyond that particular moment.

Reputation becomes an organizational asset when it gives the health system capabilities it wouldn't otherwise have.

So the final question is larger than what people think about you today: Where must you build trust to achieve what comes next?