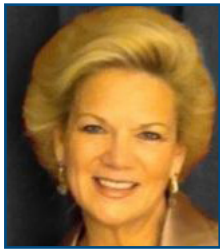


## Emotional v. Rational Advertising – What’s right for your hospital and when?

by Candace Quinn



It’s a debate that dates back to the late 1920s—which type of advertising is more effective, emotional or rational? And, the debate continues to this day.

### Experts have already set the debate stage

*Advertising Age* published a piece by Hamish Pringle and Peter Field on the topic. Their take? From their research, the data showed that emotional campaigns are almost twice more likely to generate larger profit gains than rational ones. They were able to document that successful emotional campaigns reduce price sensitivity dramatically, while increasing the sense of differentiation leading to greater endurance and likelihood to survive new competing product launches.

Jack Trout would respectfully disagree. In one of his blog posts from several years ago, he cited a study where the top three ads “least likely to be fast-forwarded through,” thereby he assumed more “sticky”, were all three rational by his definition (he doesn’t exactly share his framework for his definition, however).

### Fast forward to today

Experts say the dominant mood, either emotional or rational, is best determined by the brand’s elements, including two key aspects: 1) the more innovative or intangible the brand, the greater the need for rational messaging, and 2) the higher the importance to the target, the greater the attention to the rational messages. For all else, emotional appeal may drive purchase interest. In healthcare, I believe there is a place for both aspects and the driver to determine emotional v. rational is the attention of the target (are they captive, are they looking, are they otherwise already engaged with you), the nature of the message (image, brand, service, actionable) and the point at which you reach the target (is the need immediate, knowledge of relevance to others, or attained in passing.)

Perhaps understanding the taxonomy of advertising will help. Ads taking an emotional approach must invoke fear, humor, fantasy, hope, compassion, relief, or engagement, at a minimum. Ads using rational arguments will feature technical expertise, scientific evidence, comparisons, or third party validation. Today’s more successful brand campaigns involving healthcare organizations use some combination of emotional and rational. And, with the proliferation of transparency, they must.

For years, healthcare marketers have been telling consumers that “we” care, have the new gizmo, or were the first to have a physician who could perform surgery and barely leave a mark. Now we are asking the average person to make sense out of HealthGrades™, The Joint Commission, Top 100, Top 50, HCAHPS, Consumer Choice, *US News & World Reports*, Consumer Reports, and more. And, with the proliferation of mediums to deliver messages to consumers, there is more confusion than ever.

So how does a healthcare marketer determine the best approach to advertising? The following are a few simple rules to guide decisions. Figure 1. portrays a visual rule of thumb that has helped many.

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(continued)

**Rule 1. Think large undefined audiences and get emotional.** Think small, targeted, personal audiences and get rational. Figure 1. says it all.

**Rule 2. Fit message structures to the appeal and the medium.** Rational, when people need the detail to make the right decision and there is time and space to do it justice. Emotional, when you merely need to raise awareness or interest, with the ability to send the target elsewhere for the details.

In the case of rational messages, remember to fit the medium. How many facts and figures do you want the target to remember? How many are critical to comprehending? Remember the time

element, the attention spans, the noise surrounding the message, and the ability of the audience to retain the information until the time is right when it becomes relevant to them.

**Rule 3. Use a method of expression that works for your appeal.** If your appeal is emotional, use storytelling to demonstrate renewed hope and, experience and expertise humanely delivered. If rational, use revered spokespersons, highly regarded experts, or broadly visible, trusted, independent references to deliver the frequently “comparative” information.

**Rule 4. Recognize the risks.** Ads based upon awards, ratings, rankings are cyclical. Next time you might not be as strong. If you position your brand around these, consider instead quality pursuit, performance promises, or platforms that carry relevance. Emotional advertising carries a brand promise as its copy glue, showcasing the brand delivery, and, in turn, building trust.

**Rule 5. Recognize the returns that come with doing things right.** By properly balancing both rational and emotional, healthcare organizations can share important decision criteria, and appeal to the “trust” factor that often translates to loyalty.

An organization can impact the rate at which a strong brand is built. By properly balancing both rational and emotional, healthcare organizations can share important decision criteria, and appeal to the “trust” factor that often translates to loyalty. Other benefits can include the creation of a halo effect of a strong service line appeal that then translates across related services.

The fact of the matter is that both approaches have their plusses and minuses. And, although both have a place in a comprehensive marketing strategy, one thing is certain. The debate will continue.

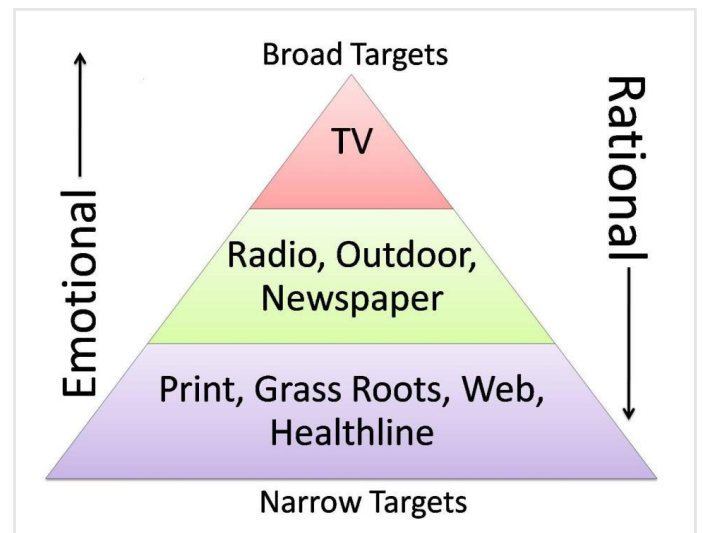


Figure 1.

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