The Roles of Affective and Cognitive Components of Attitudes in the Context of High-Stakes Healthcare Decisions

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Consumers are increasingly encouraged to take charge of high-stakes decisions such as those regarding medical treatments. However, the important inputs into overall evaluations of medical treatments such as attitudes towards the use of hormone replacement therapy (HRT) are not well understood. In this study, affective responses are found to be stronger predictors of attitudes towards HRT use when compared to cognitive beliefs. The results also show that the theory of planned behavior model is useful in predicting consumer’s intentions to use HRT.

[to cite]:

[url]:
http://www.acrwebsite.org/volumes/14544/volumes/v36/NA-36

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EXTENDED ABSTRACT

This study is an attempt to shed light on the interplay of affective responses and cognitive beliefs in determining consumer attitudes towards high-stakes healthcare decision behaviors. High-stakes consumer decisions are defined as those involving subjectively important and risky outcomes (Kahn and Baron 1995; White 2005). The primary goal is to test the hypothesis that affective responses, compared to cognitive beliefs, are more important in determining attitudes towards hormone replacement therapy (HRT) use. Using structural equations modeling, attitudes and intentions towards HRT use are predicted within a network of relationships based on the theory of planned behavior framework (Ajzen 1991). The basic theory of planned behavior model was expanded to include the separation of affective and cognitive predictors of attitude towards HRT use (Edwards 1990).

One particular high-stakes decision context in which consumers are actively determining their choice of treatment is the decision of whether or not to use HRT. This treatment involves both risks and benefits, remains controversial among healthcare professionals, and is a decision almost every female consumer makes as she reaches menopausal age. In the literature on high-stakes decision making, it is argued that individuals may have a tendency to make these types of decisions using heuristics or general rules of thumb, including an overall affective reaction (Kunreuther et al. 2002; Loewenstein et al. 2001). Although there have been a number of studies that examine the cognitive influences on attitudes and intentions towards HRT use (Spatz et al. 2003), there is only limited research that considers the importance of affective responses in determining attitudes towards HRT use.

A sample of women (N=369; median age=51) provided the data to test the above hypothesis and the relationships in a model predicting intentions to use HRT. The respondents were administered a questionnaire containing self-report measures for constructs including (1) cognitive beliefs (e.g., “I think that using HRT is safe (vs. unsafe)”; α=.81) (2) affective responses (e.g., “Using HRT makes or would make me feel anxious (vs. not worried)”); α=.83), (3) subjective norms (e.g., “People who are important to me would encourage me to use HRT”; α=.93), (4) perceived behavioral control (e.g., “I am confident that I could use HRT if I wanted to”; α=.86), (5) attitude towards HRT use (e.g., “My overall attitude towards HRT use is favorable (vs. unfavorable)”); α=.96), and (6) intentions towards HRT use (e.g., “I expect to use or continue to use HRT in the future”; α=.99). All items were measured using 7-point semantic differential or Likert scales.

The first step in the analysis of the conceptual model and hypotheses tests was to assess the properties of each measurement instrument by performing a confirmatory factor analysis (CFA) using LISREL (Jöreskog and Sörbom 1996). The fit indices of the measurement model showed good fit (χ²=279.46, df=120, p<.01, CFI=.98, RMSEA=.60) and the validity and reliability of the measures were confirmed. The next step was to examine the structural relationships in the model and assess model fit. The fit indices showed that the model had an acceptable fit (χ²=194.36, df=124, p=.01, CFI=.98, RMSEA=.61) based on the criteria published by Jaccard and Wan (1996).

The structural results indicate that attitude (β=.49, t=11.78, p<.01) and subjective norms (β=.40, t=9.57, p<.01) both had positive and significant effects on intentions to use or continue to use HRT. However, perceived behavioral control (γ=.07, NS) had a nonsignificant effect on intentions to use or continue to use HRT. The path between affective responses and attitude towards HRT use was also positive and significant (γ=.82, t=14.17, p<.01). However, the path from cognitive beliefs to attitudes towards HRT use was positive but nonsignificant (γ=.09, NS).

The results provide support for the hypothesis that affective responses are a stronger predictor of attitudes compared to cognitive beliefs. Although the nonsignificant relationship between cognitive beliefs and attitudes towards HRT use was surprising, it is consistent with research on high-stakes decision making that shows that ambiguity as to what would constitute a ‘right’ answer can lead individuals to make choices by focusing on affective cues instead of cognitive beliefs (Kunreuther et al. 2002). To formally test this assertion, feelings of attitudinal ambivalence were measured using a four-item scale (α=.76) regarding how ‘torn’ one feels about the behavior. When entered into a linear regression, cognitive beliefs are shown to be a significant predictor of attitudinal ambivalence (β=.13, t=2.12, p<.05) whereas affective responses are nonsignificant (β=.04, t=.65, NS).

REFERENCES


