On Simple Names and Complex Diseases: Processing Fluency, Not Representativeness, Influences Evaluation of Medications

Simone Dohle, ETH Zurich, Switzerland
Michael Siegrist, ETH Zurich, Switzerland

The impact of medication names on consumer’s evaluations and intentions is still uncertain. Two experiments demonstrate that complex names are perceived as more harmful compared to simple names and reduce willingness-to-buy. This effect is not limited to the type of medication (OTC or prescription drug) or disease (simple or complex).

[to cite]:

[url]:
http://www.acrwebsite.org/volumes/1009402/volumes/v39/NA-39

[copyright notice]:
This work is copyrighted by The Association for Consumer Research. For permission to copy or use this work in whole or in part, please contact the Copyright Clearance Center at http://www.copyright.com/.
On Simple Names and Complex Diseases: Processing Fluency, not Representativeness, Influences Evaluation of Medications

Simone Dohle, ETH Zurich, Switzerland
Michael Siegrist, ETH Zurich, Switzerland

EXTENDED ABSTRACT

Today’s patients play an active role in decisions about which medications to take. This fact is also reflected in the growing market of over-the-counter (OTC) drugs that are available to consumers without a prescription from a health care professional. Since OTC drugs are sold in pharmacies, groceries, or convenience stores, the assumption can be made that recommendations from physicians and other health professionals are one, but not the sole, determinant of a patient’s choice of OTC drug purchases. Compared to prescription medications, the decision to buy OTC drugs will also be influenced by factors such as advertisement, recommendations from family and friends, habits, appearance, and the name of a product. In addition, the possibility exists that consumers might apply heuristics, or rules of thumb, when evaluating and choosing health products and medications.

One important heuristic that could play a major role in the evaluation of medications is the representativeness heuristic (Gilovich, Griffin, and Kahneman 2002). Representativeness predicts that consumer evaluations should be more positive for a medication with a complex name, because people believe that complex names more strongly resemble the cause of a disease than do simple names. In contrast, fluency theory suggests that complex names imply hazardousness and thus will negatively influence consumer evaluations (Reber, Schwarz, and Winkielman 2004; Schwarz 2004; Schwarz and Song 2008). Two experiments were conducted to test these conflicting predictions that can be derived from representativeness heuristic and fluency theory.

In experiment 1, participants (N = 22) judged ten fictitious medications: five had an easy-to-pronounce name, five had a difficult-to-pronounce name. The medications were presented in two different random orders. Judgments about the medications were made about hazardousness, effectiveness, side effects, and willingness to buy. The easy-to-pronounce medications were perceived as safer than those with the difficult-to-pronounce names. Participants also expected that medications with an easy name had fewer side effects compared with medications with a difficult name. As well, willingness to buy was higher for medications with easy-to-pronounce names than for medications with hard-to-pronounce names. Furthermore, mediation analysis showed that hazardousness fully mediated the relationship between ease of pronunciation and willingness to buy. However, we found no effect of name on the medication’s perceived effectiveness; easy-to-pronounce names were perceived as similar in effectiveness to difficult-to-pronounce names. Taken together, experiment 1 revealed a clear support for the fluency hypothesis. We cannot rule out, however, that participants assumed that all of the presented medications were used for the treatment of a rather simple illness. According to this, only simple, easy-to-pronounce names would be representative of the illness, and representativeness could still account for the effect. Thus, a limitation of the first study is that we did not control for the complexity of the disease.

Experiment 2 employed a 2 (simple vs. complex name) x 2 (simple vs. complex illness) within-subject design. In the first part of the experiment, participants (N = 28) were asked to imagine that they were suffering from headaches and that different medications could be considered to treat the headache. Subsequently, respondents judged four medication names on the same dependent variables as used in experiment 1 (hazardousness, effectiveness, side effects, and willingness to buy). Two medication names had an easy-to-pronounce name; two had a difficult-to-pronounce name. In the second part, participants were asked to imagine that they were diagnosed with pancreatic cancer and that different medications could be considered to treat the cancer. Then, two easy- and two difficult-to-pronounce names were presented and participants judged the medication names on the four dependent variables. We controlled for presentation order effects. We also employed a yoked design; the order of the medication names was rotated such that for every medication name encountered by a participant in the simple-illness condition, there was a participant who had encountered the same medication name in the complex-illness condition. Again, experiment 2 provided clear support for the fluency hypothesis: Participants were more inclined to buy medications with simple, easy-to-pronounce names because they perceived these medications to be less harmful. The effect of simple vs. complex names was not qualified by type of illness, which would be expected according to the representativeness heuristic.

Our results have important implications for both health promotion and brand naming. From our research, it can be assumed that consumers believe that a medication with a complex name is more harmful and will lead to more side effects, and thus, they will be less likely to buy the product. This is of particular importance given the evident worldwide trend towards making more drugs available for self-medication. Thus, decisions at the point of purchase of OTC drugs may be influenced by factors other than recommendations from health professionals, and our results suggest that the name of the medication may be an important driver of a consumer’s purchasing decisions. This effect might be particularly strong for product innovations, because these products are less likely to be influenced by habits. However, the complexity of a drug’s name is not typically part of pharmaceutical brand management strategies (Robins 2006; Schuiling and Moss 2004). Managers should be aware of the fact that a drug’s name may raise specific expectations. A medication with side effects and a high potential for misuse should not be branded with a simple name because this may further bolster consumers in their belief that the drug is innocuous. On the other hand, if a consistent and accurate intake of medications is important for therapeutic success, a simple medication name may support compliance with the treatment regimen.

Our research suggests that a medication name is powerful driver of consumers’ evaluations and preferences. Whether it is a rather harmless headache or a life threatening disease, a complex drug name raises different expectations compared to a simple drug name. Consideration of these effects is important for assisting patients in the best possible way and for preventing wrong expectations. This, of course, also implies a huge responsibility for all brand managers and health professionals.

REFERENCES


452 / On Simple Names and Complex Diseases: Processing Fluency, not Representativeness, Influences Evaluation of Medications


centersoffices/cder/ucm093452.htm.


