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## **The Specificity Heuristic: Consumer Evaluations of Expert Recommendation**

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This research investigates how consumers evaluate expert advice in the presence of little diagnostic information. We document the use of a specificity heuristic according to which advisors are perceived as more knowledgeable the more specific their recommendation. Five studies demonstrate the specificity heuristic and identify boundary conditions.

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# The Specificity Heuristic: Consumer Evaluation of Expert Recommendation

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## EXTENDED ABSTRACT

This research investigates how consumers evaluate expert advice in the presence of little diagnostic information. Consumers often seek recommendations from a range of sources, referred to as consumer agents (Solomon 1986; West 1996). Such advice represents an important component of the decision-making process and the offering (Beatty and Smith 1987; Solomon 1986; Urbany, Dickson, and Wilkie 1989).

## THEORETICAL BACKGROUND

Prior research has identified several factors that influence perceptions of the diagnosticity of agent advice, such as expertise and past performance (Feick and Higie 1992; Gershoff, Broniarczyk, and West 2001), or perceived similarity of the source to the self (Brown and Reingen 1987; MacKie, Gastardo-Conaco, and Skelly 1992; Reingen and Kernan 1986). In many cases, however, consumers have little access to such information (Gershoff et al. 2001) and resort to heuristics in judging the soundness of the advice (Yaniv 2004). For example, they may judge the expertise of the agent based on his confidence (Karmarkar and Tormala 2010; Keren and Teigen 2001; Price and Stone 2004; Sniezek and Van Swol 2001) or the extremity of the claims (Gershoff et al. 2003; Goldberg and Hartwick 1990). In this research we propose another heuristic that consumers use when evaluating advice – the specificity heuristic.

Individuals who use the specificity heuristic infer that the expertise of an agent is positively correlated with the level of specificity of his recommendation. Specificity can take various forms, from excluding particular options from a recommended set, to specifying the manner in which a recommended option should be taken. It is not driven by the amount of detail provided, but rather by how restricted the recommended course of action is. The specificity heuristic cannot be explained through a negativity bias either – it is equally effective when it takes the form of including a specific behavior, as it is when taking the form of excluding a specific behavior.

We propose that people seeking advice employ the specificity heuristic because they overweigh the importance of differences among available choice options or courses of action. While expertise allows one to perceive both more similarities and more differences among options, to the person seeking advice the latter ability is more important. This is because individuals seeking advice typically lack the depth of knowledge necessary to discern between available options and actions and identify superior one(s) – to the novice eye, “they all look the same.” The more specific the advice that an agent provides, then, the more knowledgeable he is judged to be.

While the use of the specificity heuristic may seem as a reasonable inferential process, specificity per se does not determine the accuracy or validity of a recommendation. A recommendation can be unnecessarily restrictive – for example, the Dukan diet prescribes that the daily dose of protein be taken with “no more than 1.5 tablespoons of oat bran.” While this specification is most likely random, consumers may infer that taking their protein with more or less than the prescribed amount would affect the success of their diet. Thus agents aware of the specificity bias can deliberately include random specific restrictions, similar to the manner in which confidence, extremity, or over criticism can be misused to influence impression of expertise.

We report the results of six studies that document the use of the specificity heuristic and identify boundary conditions.

## METHOD AND FINDINGS

Studies 1 and 2 demonstrate the use of the specificity heuristic when specificity takes the form of excluding particular options from a choice set. A travel agent advising a customer on places to visit in Brazil, receives more favorable evaluations ( $M_{restr.} = 4.66$  vs.  $M_{control} = 3.88$ ,  $t(81) = 2.39$ ,  $p < .05$ ) and is perceived as more knowledgeable ( $M_{restr.} = 4.51$  vs.  $M_{control} = 3.74$ ,  $t(81) = 2.32$ ,  $p < .05$ ) when she excludes specific destinations or modes of transport from her recommendation. Similarly, in Study 2, a waiter recommending wine receives higher evaluations ( $M_{restr.} = 5.68$  vs.  $M_{control} = 4.94$ ,  $t(83) = 3.06$ ,  $p < .005$ ) and knowledge ratings ( $M_{restr.} = 5.62$  vs.  $M_{control} = 5.02$ ,  $t(83) = 2.11$ ,  $p < .05$ ) when he excludes particular wines from a set of recommended wines.

Studies 3 and 4 document the use of the specificity heuristic in the context of medical decision making and demonstrate that it cannot be explained with a negativity bias. In study 3 a doctor who recommends that the patient *include* dairy food while taking the prescribed medication is evaluated just as favorably as one who recommends that the patient *exclude* dairy food from their diet ( $F < 1$ ). In both scenarios, which represent specificity cases, the doctor is evaluated more positively, on average ( $M = 4.75$ ) than a doctor who prescribes the same medication but states that dairy intake does not impact its effectiveness ( $M = 4.14$ ,  $t(150) = 2.40$ ,  $p < .05$ ). In study 4, a doctor who advises a patient to take three dietary supplements is evaluated more favorably ( $M_{restriction} = 4.90$  vs.  $M_{control} = 4.38$ ;  $F(1, 125) = 4.42$ ,  $p < .05$ ) and is perceived as more knowledgeable ( $M_{restriction} = 4.90$  vs.  $M_{control} = 4.33$ ;  $F(1, 125) = 4.58$ ,  $p < .05$ ) when he recommends that the supplements be taken in a particular order (versus a control condition, in which he states that the order makes no difference).

Studies 5 and 6 demonstrate that the use of the specificity heuristic is moderated by the availability of other diagnostic information. Individuals are less likely to rely on the heuristic when they are familiar with the recommended option (study 5) or when they have access to diagnostic information about the agent’s expertise (study 6).

## CONTRIBUTION

This research contributes to the literature on advice taking by expanding our understanding about factors which impact the perceived expertise of agents. The research contributes, more broadly, to the literature on information source evaluation, by documenting a heuristic that people use when they have access to little diagnostic information. Such situations represent a significant proportion of real-life decision making, especially given the increased use of on-line recommendations whose sources are often anonymous.

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