Giving By the Bucket, Taking By the Grain: the Gap Between Health Communicators and Consumers

Amir Grinstein, Ben Gurion University, Israel,
Ann Kronrod, Michigan State University, USA
Luc Wathieu, Georgetown University, USA

This work reveals a gap in communicational motivations that is responsible for the relatively low success of many health communication campaigns. Remarkably, while the communicator’s assertiveness is motivated by their evaluations of consumers’ NEED for advice, receivers are motivated primarily by their WISH to get advice.

[to cite]:

[url]:
http://www.acrwebsite.org/volumes/1017027/volumes/v42/NA-42

[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/.
Giving by the Bucket, Taking by the Grain: The Gap between Health Communicators and Consumers

Ann Kronrod, Michigan State University, USA
Amir Grinstein, Ben Gurion University, Israel
Luc Wathieu, Georgetown University, USA

EXTENDED ABSTRACT

Health campaigns are often limited in their impact (Evans 2006), especially when they employ assertive language (Dillard and Shen 2005; Grandpre et al. 2003; Quick and Considine 2008). Research has recently developed around the need for effective health communication (e.g., Bryan, Karlan, and Nelson 2010; Fishbach and Dhar 2005; John, Loewenstein, and Volpp 2012). The current research reveals a motivational gap between health communicators and consumers to explain why health communication is oftentimes ineffective.

Linguistically speaking, the type of messages in health communication is advice. Advice situations are ground for asymmetric motivational motivations, such that the advice giver perceives herself to be at a higher position than the advice receiver (Hansun 2005; Waring 2005, 2007), whereas consumers perceive health communication as intrusive (DeCapua and Dunham 1993) and that it does not presuppose control of the speaker over the outcomes (Hansun 2005). Thus, advice, especially in health communication, is a fertile ground for conflicts. We propose that one of the key reasons for this conflict is a gap between the motivations of advice givers and advice receivers. Following Searle (1969), we make a distinction between two constructs: (1) addressee’s objective need for advice and (2) addressee’s subjective wish for advice. In many cases advice givers are not concerned about, nor take into account the addressee’s wish for advice (Locher and Hoffmann 2006). We suggest that when making their choice of the degree of assertiveness, health communicators rely more on addressee’s need for advice and less on addressee’s wish for advice. Relying on need for advice, as advice givers perceive it, leads to use of assertive language because of perceived importance of the health issue (Kronrod, Grinstein, and Wathieu 2012). Conversely, when reacting to advice, consumers base themselves mainly on their subjective wish for advice (MacGeorge et al. 2004) for simple egoistic reasons (Carpendale and Racine 2011).

First, we collected 3 evidences for our general predictions: 1. Preliminary hard data collection demonstrates the ubiquity of assertive advice in health communication: an analysis of real health slogans (N=153) shows an astounding 42% of health slogans that are assertive phrased. 2. In a survey among 56 health experts specializing in smoking cessation, participants answered the following question: “Do you think that smoking cessation messages should be: A. Assertive (e.g., “Quit Smoking!”) or B. Non-Assertive (e.g., “Thank you for Not Smoking”). Within this sample, 66% supported the assertive argument. 3. Analysis of 330 Q&A on “Ask the Doctor” online forums revealed that doctor’s assertiveness depends on patient’s need for advice, rather than wish for advice (see table 1 for results).

Next we present 4 lab and semi-field studies involving the perspective of the advice givers and then of advice receivers. Study 1 examines advice givers’ perspective. Participants (N=66) read a description of an imaginary person, John, presenting him as either leading a healthy (e.g., John prefers walking or riding a bicycle to driving his car) or unhealthy (e.g., John prefers driving his car to walking or riding a bicycle) lifestyle. Then, participants rated John’s need and wish for advice about his health. Next, participants indicated their preference for one of two messages encouraging people like John to exercise twice a week, using a 7-point semantic differential design with an assertive message (“To keep your weight and be healthy you must exercise twice a week!”) and a non-assertive message (“To keep your weight and be healthy you could exercise twice a week”) as anchors. Regression results suggest that participants’ assertiveness choice depended significantly on their evaluation of John’s need for advice, whereas John’s wish for advice did not have an effect on assertiveness level. In Study 2, 160 participants were randomly assigned to a 2 (low/high need for advice) by 2 (low/high wish for advice) design and chose between an assertive/non-assertive message to Kate, an imaginary protagonist, whose health condition was described as somewhat/very ill and her wish to get advice as high/low. Regression analysis indicates a significant weight for need for advice and a non-significant weight for wish for advice in preference for assertive message, even when respondents were explicitly told that Kate does not want advice. Moving to an advice receiver perspective, in Study 3, 82 participants read an assertive/non-assertive message encouraging them to exercise and indicated their intention to exercise more and their wish for health advice. Need for advice was measured by participants choosing a body form that most describes their own, on a figure chart. Regression analysis indicated a significant impact for wish for advice and a non-significant effect of need for advice on compliance with health messages. This result is in direct opposition to all our advice giver experimental results, emphasizing the gap in linguistic motivations between advice givers and receivers. Study 4 is a field study where 200 students received an email from the main office encouraging them to add 5 minutes of abdominal exercise every day. The message was either assertive or non-assertive. A week later, the students reported the number of days they added abdominal exercise and indicated their wish to receive health advice and their body form on the chart. Regression results indicate significant role for wish for advice in adherence with assertive health communication, with no significant role for need for advice.

Our results highlight the gap between the motivations of advice givers and receivers in health communication. This gap explains why health communication is oftentimes ineffective. This work contributes to research in consumer persuasion by suggesting a novel way to analyze health communication, beyond studying the potential positive impact of assertive language (Kronrod, Grinstein, and Wathieu 2012). Health communication is a specific case of social marketing and is different, for example, from environmental marketing in that the beneficiary of one’s making healthier lifestyle choices is first and foremost the person who engages in the behavior, whereas often in social marketing the society/environment is the main beneficiary. By studying both advice giver’s and receiver’s perspective this work extends former studies, which focused only on message receivers, and provides a holistic view of health communication.

REFERENCES


Advances in Consumer Research Volume 42, ©2014


