A Case For Low Power: Self Versus Response Efficacy in Health Persuasion

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This research investigates what types of health appeals persuade individuals with low (vs. high) power mindsets. Across different health scenarios, we show that self (vs. response) efficacy messages are less effective among low (vs. high) power individuals. Skepticism among low (vs. high) power individuals is the underlying novel process.

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EXTENDED ABSTRACT

Power refers to “asymmetric control over valued resources in social relations” (Rucker, Galinsky, and Dubois 2012, p. 353). Past research has shown that power affects how consumers make decisions and acquire products. Power enhances control, optimism, self-esteem, action (Fast et al. 2009; Galinsky, Gruenfeld, and Magee 2003), psychological distance (Magee and Smith 2013), and confidence (Brinol et al. 2007; Fast et al. 2012; Min and Kim 2013).

High- (vs. low-) power individuals are presumably better equipped to deal with decisions in domains such as health that require self-control in order to fulfill long-term goals. This is because—compared to low-power individuals—high-power individuals have a greater amount of control, have higher self-esteem, and are more likely to take action (Fast et al. 2009). In the current research, we focus on enabling low-power individuals to respond appropriately to health persuasion. How can marketers help individuals in the low-power mindset to make healthy decisions?

We approach this problem through the lens of various types of health messages and how they may be differently persuasive to low-power individuals. Consider two types of health messages that advertise the same product, but through different propositions of effectiveness. The first type is an advertisement for weight loss program which goes: “You can lose weight.” This ad focuses on the individual’s ability to lose weight—this is a self-efficacy message. The second type of weight loss program advertisement goes: “The program is assured to make you lose weight.” This ad focuses on program’s effectiveness in bringing about weight loss—this is a response efficacy message.

This research contributes to the literature on health messaging to discover a new perspective with power. We identify message skepticism as underlying mechanism that drives the persuasiveness of response efficacy health appeal for low-power individuals. Keller (2006) demonstrates that promotion-focused consumers are more persuaded by a self-efficacy (vs. response efficacy) appeal while the reverse is true for promotion-focused consumers. We add to this stream by examining the mechanism of persuasiveness of self-efficacy (vs. response efficacy) by power. Furthermore, this research contributes to the literature by exploring how power influences the processing of health message. This research highlights psychological mechanism of message skepticism underlying this effect.

Self-efficacy focuses on the ease of an advocated action, while response efficacy focuses on the effectiveness of an advocated action (Boer and Seydel 1996). There are many moderators that predict the persuasiveness of self-efficacy and response efficacy messages depends on the person’s focus, including whether the person is promotion or prevention focused, extent of fear, elaboration, and perceived control (Block and Keller 1995; Keller 2006; Litt 1988).

In study 1, participants were asked to recall an event in which they felt powerful or powerless (Galinsky et al. 2003). Next, participants read information about a self-efficacy or a response efficacy health appeal that promotes a diet plan (Keller 2006). The results of Study 1 showed that low-power individuals had a greater intention of behaving in compliance with the message when they view response (vs. self-) efficacy messages. Conversely, either form of efficacy was effective for high-power individuals.

The objective of study 2 was to replicate Study 1’s effect and capture evidence of the underlying psychological process. We used an established role-playing task to make participants feel either powerful or powerless (Rucker, Dubois, and Galinsky 2011). Next, participants read either a self-efficacy or a response efficacy health appeal that promotes a diet plan (Keller 2006). Participants indicated their intention of performing the advocated action and message skepticism. The results revealed that low-power participants were less persuaded by the self-efficacy message than the response efficacy message. Conversely, high-power individuals’ persuasion did not vary by message type. Message skepticism mediated the effect for low-power individuals.

In study 3, participants induced in high (vs. low) power mindset were asked to choose between a self (vs. response) efficacy diet plan for themselves (vs. other). Participants in all conditions read the same information about two diet plans: diet plan A, a self-efficacy option and diet plan B, a response efficacy option. Next, participants indicated which diet plan was a better option. The results demonstrated that when choosing a health product for themselves, low-power individuals were more likely to choose a response efficacy product than high-power individuals. When recommending a product for others, individuals were equally likely to choose a response efficacy and a self-efficacy product regardless of the level of power. This boundary condition provides additional process evidence.

This research presents substantive implications to healthcare marketers and policy makers by identifying what types of messages are more effective among low-power consumers. This paper makes welfare contributions to the field of health marketing.

REFERENCES


