Regulatory Focus and Donation to Proactive and Reactive Causes

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Three studies examine the effect of regulatory-focus on individuals’ donation to proactive/reactive causes. Promotion-focused individuals donate more to proactive (vs. reactive) causes, whereas prevention-focused people donate equally to both. The key mechanism is perceived self-benefit of the cause. When other-benefit is activated, promotion-focused individuals behave similarly to prevention-focused people.

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EXTENDED ABSTRACT

Charitable organizations often adopt divergent approaches to tackle the same problem. The American Heart Association (AHA), for example, has two distinct types of programs to deal with diabetes: (1) one aiming at fun research to develop new treatments and prevention strategies, and (2) the other focusing on assisting current diabetes patients pay for their treatment. How do potential donors react to these two types of causes? Why? This is the question that this research intends to address.

In this paper we propose a duality in altruistic motivations. While one pro-social motivation drives support for proactive causes where the focus is on preventing negative future outcomes, the other motivation impels support for reactive actions where the focus is on mitigating existing negative situations. While AHA’s initiatives for research and prevention are proactive, its help to existing patients is reactive. A proactive cause refers to the fund-raising programs that aim to prevent something bad from happening before it occurs, whereas reactive cause is characterized by the remedies that aim to resolve the problem after it arises. Notably, this classification is in line with the service marketing literature, which shows that there are two possible strategies to deal with service failure, proactive and reactive. Proactive strategies are implemented before service failure, whilst reactive strategies operate after a service problem appears (Worsfold et al. 2007). From a conceptual perspective, the two types of donation causes differ in who the beneficiaries of the donation are likely to be. While a proactive cause may potentially benefit themselves (including one’s offspring, and future generations), a reactive cause narrowly focuses on the victims who are currently suffering from the problem.

In this research, we predict that individuals’ regulatory focus has differential effects on their preference for these two types of causes. According to Higgins (1998), individuals possess two types of regulatory goals, namely promotion-focused and prevention-focused. The goals of promotion-focused individuals are characterized by the orientation towards seeking benefits, gains, and self-enhancements, whereas prevention-focused people are oriented towards avoiding uncertainty, mistakes, and losses (Aaker and Lee 2001). Because of this, individuals with a promotion focus tend to eagerly pursue their own interest and desires without much consideration for possible social consequences (Brebels et al. 2008). In contrast, those with a prevention focus are directed toward goals like duties, responsibilities, and obligations, and are more considerate to possible social consequences that represent a threat to things one ought to do (Brebels et al. 2008; Oyserman et al. 2007). Consistent with this qualitative difference across promotion- and prevention-focus, cross-cultural literature shows that the goal of individualistic countries (e.g., the U.S. and Canada, where people are usually promotion-focused) is to develop an individual sense of identity and self-sufficiency away from others (Triandis 1995). In contrast, from an early age, individuals in collectivistic cultures (e.g., China and India, where people are usually prevention-focused) are trained to become an integral part of the larger group and make contributions to the achievement and welfare of the collective (Triandis 1995).

Based on such differences, we expect that individuals with a promotion focus are more likely to donate to proactive causes than to reactive ones, because of a latent expectation that they or their offspring may potentially benefit from the former, but not so much from the latter. However, individuals with a prevention focus are equally likely to donate to both, as their tendency to donate is mainly driven by obligations and responsibilities, which makes cause type less relevant. These propositions find resonance in recent research examining the impact of regulatory focus on green consumption (Ku et al. 2012). Although not in the donation context, these findings show that prevention-focused consumers are more strongly persuaded by environment-benefit appeals, whereas promotion-focused consumers are more responsive to self-benefit appeals. This suggests that individuals with a promotion focus are more likely to focus on ways and means to self-benefit and be self-sufficient, while individuals with a prevention focus should be other-focused given their drive to fulfill their obligations and responsibilities to others. The foregoing discussion suggests that perceived self-benefit is the key mechanism through which regulatory focus affects individuals’ preference to proactive versus reactive causes.

If our theorization is correct, when other-benefit of the cause is made salient, social desirability of helping gets activated and self-serving motivations are subdued (Fisher et al. 2008). This will lead promotion-focused individuals to behave similarly to prevention-focused individuals.

The proposed effects are tested in three studies. Study 1 uses chronic measures to test the core thesis of this research, i.e., promotion focus leads to more preference for proactive (vs. reactive) causes but prevention focus does not differentiate between these two types of causes. Study 2 replicates study 1’s findings using situationally activated regulatory focus, and provides direct evidence on the perceived self-benefit of the cause as the key mechanism. Study 3 manipulates the salience of self-benefit and other-benefit for the same cause, and shows that when self-benefit of the cause is made salient, the findings of studies 1 and 2 are replicated; however, when other-benefit of the cause is made salient, individuals with a promotion-focus do not differentiate the causes.

Study 1 (N=304) was conducted online using MTurk. Participants first read the description of AHA then were asked to indicate their preference for these two types of causes (1 = definitely prefer the causes that help the patients deal with their current financial needs; 7 = definitely prefer the causes that aim at preventing diseases from happening in the future). Afterwards, participants provided ratings on their level of regulator foci, using Haws et al.’s (2010) scale. Participants’ age, gender, and family history of heart disease was measured as covariates. A regression analysis with preference of donation cause as the criterion and prevention focus and promotion focus as independent variables revealed a significant positive effect of promotion focus on preference (β = .14, t(301) = 2.36, p < .05). The effect of prevention focus on preference was not significant (β = -.08, t(301) = -1.45, p = .15). None of the control variables reached statistical significance (all p’s > .50). These results support our hypothesis that individuals with a promotion focus prefer the proactive cause over reactive cause, whereas individuals with a prevention focus have no difference toward the two causes.

The purpose of study 2 (N=172) is threefold: (1) to replicate study 1’s finding through manipulating regulatory foci, (2) to for-
nally test perceived self-benefit of the cause as the key mediator underlying our results, and (3) to rule out long-term orientation as an alternative explanation. It featured a 2 (regulatory foci: prevention vs. promotion) \times 2 (cause type: proactive vs. reactive) between-subjects design. Regulatory foci were manipulated the same way as other researchers (Mourali et al. 2007). After the regulatory foci manipulation, participants were provided with an appeal from a charitable organization, framed as either proactive or reactive. Participants were asked how much they would like to donate to this project. The mediator, perceived self-benefit associated with the cause, was measured by two scales from White and Peloza (2009). A 2 (regulatory foci) \times 2 (cause type) ANOVA on the donation amount found only a significant regulatory focus \times cause type 2-way interaction ($F(1, 167) = 5.80$, $p < .05$). Neither of the main effects was significant ($p$'s > .50). When primed with promotion focus, individuals donated more ($M = 12.44$) to the proactive cause than to the reactive cause ($M = 4.82$, $t(83) = -2.00$, $p < .05$). In contrast, when primed with prevention focus, the donation amount did not vary across the two causes ($M_{\text{proactive}} = 6.82$, $M_{\text{reactive}} = 11.70$; $t(82) = 1.09$, $p = .28$). These results replicated study 1’s findings. Mediation was assessed with the bootstrapping method, using Hayes’s (2012) PROCESS macro. Consistent with our predictions, the model indicates that the indirect effect of moderated mediation is significant (95% CI = .15 to 7.66).

A follow-up study (N=86) was conducted using a 2 (regulatory foci: prevention vs. promotion) \times 2 (donation cause: proactive vs. reactive) mixed design, with regulatory foci being a between-subjects factor and donation cause as a within-subjects factor. Regulatory focus manipulation and the donation causes were the same as in study 2, except that participants viewed two causes and choose only one of them to donate. A binary logistic regression on the choice of proactive (vs. reactive) cause showed a significant effect of regulatory foci on decision outcome ($\beta = .89$, $p < .05$). For individuals primed with promotion focus, a greater portion selected the proactive cause (63.9%) compared to the reactive cause (42.0%, $z = 2.00$, $p < .05$). In contrast, for individuals primed with prevention focus, a smaller portion selected the proactive cause (36.1%) compared to the reactive cause (58.0%, $z = -2.00$, $p < .05$).

The purpose of study 3 (N=158) is to test the moderation effect of the salience of benefit associated with the cause (self vs. other). Since prevention focus leads to non-differentiation between the two types of donation causes, we only focus on promotion focus in this study. We expect that in self-benefit conditions, individuals with a promotion focus intend to donate more to proactive causes than to reactive causes; however, in other-benefit conditions, they do not differentiate between these two causes. All participants were first manipulated by promotion focus, using the same stimuli as used in study 2. They were then randomly assigned to the conditions in a 2 (cause type: proactive vs. reactive) \times 2 (salience of benefit: self-benefit vs. other-benefit) between-subjects design. Donation cause was manipulated in the same way as in study 2, except that an additional sentence was added before the donation intention measure to manipulate self-benefit [other-benefit] salience. We performed a 2 (cause type) \times 2 (salience of benefit) ANOVA with the donation amount as the dependent variable. Neither main effects was significant ($p$'s > .15). More important and pertinent to our hypothesis, there was a significant perceived benefit \times cause type 2-way interaction ($F(1, 152) = 6.85$, $p = .01$). When self-benefit was made salient, individuals with a promotion focus donated more ($M = 17.95$) to the proactive cause than to the reactive cause ($M = 11.44$, $t(82) = 2.07$, $p < .05$). In contrast, when other-benefit was made salient, the donation amount did not vary across two causes ($M_{\text{proactive}} = 9.74$, $M_{\text{reactive}} = 13.53$; $t(72) = 1.46$, $p = .15$).

This research contributes to the literature in three important ways. First, most studies in this domain focus on donation in general, without differentiating the cause type. Recently, non-profit organizations have started to offer more than one project for the same issue. In this research, we provide theoretical explanation about the difference between two types of causes, namely proactive and reactive. We suggest that these two causes may induce different levels of perceived self-interest and therefore affect individuals’ donation behavior. Such conceptual distinctions among donation causes open a new avenue for future research. Second, our research also extends the literature on regulatory focus. Previous studies on regulatory foci have mainly focused on the distinctions across risk perception. Extending this stream of research, the present study shows that regulatory focus also drive individuals to be sensitive to self-benefit embedded into the decision object. Specifically, individuals with a promotion focus are more responsive to self-benefit compared to individuals with a prevention focus. These findings also add to our understanding of self-benefit/other benefit appeals. For example, prior research indicates that other-benefit fund-raising appeals are more effective compared to self-benefit appeals (Fisher et al. 2008). Our results qualify these findings by demonstrating that this is not true for promotion-focused individuals. When other-benefit is salient, promotion-focused individuals perceive the two donation causes equally. When self-benefit is salient, promotion-focused individuals will donate more to proactive causes.

**REFERENCE**


