Improving Attitude Towards Compliance With Medication Through a Public Health Campaign: a Field Study

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Based on a field study, we investigate whether a public health campaign can effectively improve consumers’ attitude towards compliance. Findings from a within- and between-groups design show that attitude towards compliance can be improved, and that this improvement is caused by the campaign rather than by testing artefacts or socially desired answering behaviour. Although a trustful “prescriber–patient relationship” is the most important predictor, we can show that a campaign has an additional positive effect. We further find consumers’ conscientiousness, health involvement and experience orientation to be other significant predictors, with higher experience orientation leading to decreased attitude towards compliance.

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EXTENDED ABSTRACT

In this research we investigate the effectiveness of a public health campaign on attitude towards compliance. Consumers’ willingness to comply with medical advice and prescriptions is highly relevant for their health and well-being. For instance, non-compliance from patients suffering from a common disease such as hypertension can lead to serious health problems. Equally, stopping therapy in the middle of a course of antibiotics could lead to resistance and thus cause severe health problems in the future. The high number of people affected by chronic diseases makes compliance a key factor—not only for consumers: costs attributed to non-compliance are estimated to be approximately 10 billion euros each year in Germany alone (Schmitt, 2009). In the US, non-compliance has been estimated to cost the US health care system $100 billion each year (Horne, 2006).

In our paper we ask whether public health campaigns can effectively improve general attitude towards compliance. However, to date, medical, pharmaceutical and consumer behaviour research has not analysed such campaigns: do they just go up in smoke, merely burning money from the health care budget, or can public health campaigns really change attitudes to compliance? We follow the call of Keller and Lehmann (2010) who encourage research on mass media public service health campaigns and their efficiency.

Compliance in a medical sense has been defined as the extent to which a patient’s behaviour matches the prescriber’s advice (Haynes, Taylor, and Sackett, 1979). Non-compliance can be unintentional or intentional (Banning in press; Horne, 2006). Both are relevant for public health. Forgetfulness, for example, has been reported to be one of the major factors of non-compliance (Jin et al., 2008; Reynolds et al., 2004). Thus, in our study we focused on both unintentional and intentional non-compliance. Scepticism towards therapy has been shown to contribute to intentional non-compliance (Jin et al., 2008) and was thus investigated as a particular aspect of compliance in our research.

Different strategies can be identified in order to influence compliance. One such strategy relies on mass media communication promoting compliance as a health issue; however, research about the effectiveness of such programmes is still scarce. A recently published analysis by Abroms and Maibach (2008) shows that public health campaigns could be an efficient way of improving health-related behaviours, as well as their attitudinal precursors. Rimal, Flora, and Schooler (1999) also demonstrated that exposure to a mass media health campaign leads to a significant improvement in consumers’ overall health orientation. One could argue, though, that such information campaigns could be inefficient since they are targeted at the general public and thus also reach consumers who do not need to take medication regularly. Such waste coverage is almost unavoidable and such inefficiencies are not trivial considering the exorbitant costs (Keller and Lehmann, 2010). However, we believe that public campaigns should also have a preventive character and sensitize consumers to the topic. Thus, in our empirical study, we first concentrate on the effects of a mass media campaign on attitudes to compliance, since we are interested primarily in compliance in general terms and not in compliance with regard to specific medical conditions whereby success could be measured using direct measurement techniques. We argue that a public health campaign—by raising awareness of the importance of compliance and of the risks of non-compliance—can improve attitude towards compliance and can reduce scepticism about medication, given that:

- the elements of the campaign are received favourably, and
- the campaign works on an advertising schedule that ensures consumers are exposed to the advertisements and media reports.

H1: When consumers are exposed to a favourably evaluated public health campaign promoting compliance, they will have a more positive and less sceptical attitude towards compliance.

The second strategy relies on improving personal communication between doctors and patients. In their literature review, Jin et al. (2008) point to the importance of a “healthy relationship” between patients and doctors. Trust in the prescriber is closely linked to trust in and a positive attitude towards the prescription itself (Jin et al., 2008). We hypothesise that mass media health campaigns can add to the positive effect of personal communication about compliance:

H2: The higher the trust in prescriptions issued by the doctor, the more positive the attitude towards compliance, but the proposed effect of the public health campaign is not suppressed by the effect of this personal communication.

Further, we incorporated into our study demographic and medication-related factors such as age, gender, and number of doses. Findings on the impact of these factors on therapeutic compliance are not unequivocal for them all (Jin et al., 2008). Furthermore, we investigated the influence of personality facets, experience orientation and conscientiousness, as well as consumers’ own health involvement, and the impact of these factors on attitude towards compliance. We consider that such individual predispositions are more important for compliance than demographic variables. Thus:

H3: The lower the experience orientation and the higher the conscientiousness and health involvement of a patient, the more positive her/his attitude towards compliance. The influence of age, gender, and amount of medication to be taken has to be controlled for.

We tested our hypotheses in a two-stage research design. In a pretest and a first survey period, we ensured that campaign advertisements and messages were evaluated positively. Since consumers might be inclined to report compliance as they deem socially desired, it was necessary to incorporate a design that ruled out such bias. Consequently, we chose a within-groups and a between-groups design:

- In the within-groups design, we tested whether consumers whom we interviewed during the first survey period had changed their attitude towards compliance after the campaign. We compared the effect for consumers with and without recall of the campaign and found that consumers exposed to the advertisement reported significantly more
positive attitudes towards compliance than those who did not remember any of the campaign messages.

- In the between-groups design, in the second survey period we only interviewed consumers who had not taken part in the first survey. With this design, possible testing effects can be ruled out. Results corroborate findings from the within-groups design; thus, H1 finds full support.

In a second step, we investigated the antecedents of compliance. Findings support H2 and show that, although trust in the prescriber is the strongest predictor of a positive attitude towards compliance, the public health campaign adds a positive effect. This further supports H1. Furthermore, high conscientiousness and health involvement increase attitude towards compliance, whereas experience orientation significantly decreases this attitude. Thus, H3 is also supported.

This research demonstrates the effectiveness of a public health campaign on positive attitude towards compliance. The effect of the mass media campaign is dominated neither by personal communication between patient and doctor nor by demographic or medication-related factors. This means that the money spent on this campaign adds to the efforts of doctors to improve attitude towards compliance in their patients.