

TITLE
WHAT IS IN IT FOR ME? AN EXPLORATORY STUDY OF THE IMPACT OF INVOLVEMENT AND ATTITUDE ON CLINICAL TRIAL BEHAVIOUR

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ABSTRACT

Consumers in the “information society” are overloaded with marketing communication and have become efficient at screening such messages by asking a simple question: “what is in it for me?” Relevance and involvement are important factors determining attention to communications messages. The study investigates the relationship between attitudes to the advertisement (and message) and potential behaviour consequences in a clinical trial context by conducting a survey of 300 people. The results indicate that the relationship between involvement, attitude and potential behaviour differs greatly among different age groups. Findings suggest two levels of involvement, attitudinal and behavioural, as having a different impact on potential behaviour.

1. INTRODUCTION

Gordon (1995) sums up one of the critical facts that have been associated with the ‘information society’ as “what is in it for me?” Personal relevance or interest in the product, product category, or brand is believed to be the most important factor influencing attention to communication messages and stimulating processing of such messages. Message clutter is truly overwhelming for consumers from all elements of the promotions mix and it is estimated that the average person is exposed to over 42,000 TV advertisements alone every year (Ouwensloot and Duncan, 2008). Consumers will quickly decide whether there is something in it for them when they are exposed to marketing communications; usually within four seconds both for TV and print advertisements (Gordon, 1995). James and Kover (1992) highlighted that general attitudes toward advertising can affect involvement in advertising. Equally, liking an advertisement can make a difference to consumer involvement and have a positive impact on mental processing, recognition, and recall of product claims (Duffy and Foster, 2007). Thus, liking an advertisement has emerged as a predictive measure of advertising effectiveness (Biel, 1990; du Plessis, 1998; Hollis, 1995) and is a commonly used variable in advertising pre-testing. This study will explore the relationships between involvement, attitude to the advertisement (liking), and potential behaviour consequence using recruitment for clinical trial as an example. Specifically, it will assess the impact of direct response advertising to general attitude and response. This type of advertising is not dissimilar to public service advertising where the challenge very often is to create completely new behaviours against a backdrop of inertia or ingrained attitudes (Storey, 2008).

2. REVIEW OF INVOLVEMENT CONSTRUCT

Since Krugman’s (1965) initial work on involvement (i.e. a motivational state) the literature has endorsed the view that motivation moderates the link between advertising exposure, information processing and the attitude formation process (Greenwald and Leavitt, 1984; Mitchell, 1981; Petty and Cacioppo, 1986).

Park and Mittal (1985) defined motivation as goal directed arousal and MacInnis and Jaworski (1989) advanced an advertising perspective for motivation as the desire to process brand information in the advertisement. Thus processing is stimulated by the relevance of

brand information to activated needs and attention is directed towards specific advertising cues, e.g. utilitarian and/or expressive (Rossiter and Percy, 1987). An essential component of motivation is product involvement (Smith, 1993), which is a necessary, but not sufficient, element to induce arousal or desire to process information (MacInnis and Jaworski, 1989). Andrews (1988) proposed several antecedents of motivation of which personal relevance (i.e. involvement) is but one of seven such factors. The motivational nature of involvement is varyingly operationalised as personal relevance (Higie and Feick, 1989; Zaichkowsky, 1985), importance and interest (McQuarrie and Munson, 1992; Mittal and Lee, 1989), and in terms of sign, risk, and pleasure dimensions (Jain and Srinivasan, 1990; Laurent and Kapferer, 1985).

Although involvement research has received considerable attention in the consumer behaviour literature, clarity and consistency of results have been lacking (Costley, 1988). One explanation for this is that the involvement construct is multi-dimensional and can signify involvement with the product (Greenwald and Leavitt, 1984), with the advertisement (Cacioppo and Petty, 1984) and with the medium (Krugman, 1971). The involvement construct can be conceptualised as two-dimensional consisting of enduring and situational involvement (Bloch, 1981; Dholakia, 1998; McQuarrie and Munson, 1992). Enduring involvement represents an ongoing relationship with a product class that is independent of the purchase situation (Houston and Rothschild, 1978; Celsi and Olson, 1988). Situational involvement arises from a specific situation (e.g. a purchase, an advertisement, or other marketing strategies), which usually increases an individual's level of involvement (Mittal, 1989). Dholakia (1998) suggested that situationally involved consumers may use information search as a risk-reducing strategy while enduringly involved consumers may obtain information for hedonistic or leisure purposes, or to develop expertise, thus highlighting that a person's motivation differs depending on his/her form of involvement. Essentially, involvement affects the attention and processing efforts of consumers differently depending on their level of involvement.

The Elaboration Likelihood Model (ELM) by Petty and Cacioppo (1986) is a prominent information processing model that proposes a dual-route to persuasion or attitude change by either a central or a peripheral route. High and low levels of involvement exhibit different impacts in the intensity and nature of decoding and consequently persuasion of a message (Krugman, 1965; Petty and Cacioppo, 1986). High involvement generally leads to careful consideration, thinking, and evaluation of arguments contained in an advertising message via the central route where attitudes are relatively stable. For positive attitude change to occur, cognitive responses (e.g. support arguments) must lead to favourable changes in cognitive structure (Belch and Belch, 1998). By contrast, low involvement leads to more passive information processing via the peripheral route by using heuristics (e.g. source characteristics such as credibility or attractiveness, music, humour, visual imagery etc.), mere exposure, and simple associations in order to make inferences about the position being advocated in the message (Petty et al., 1983). Peripheral route processing leads to more temporary attitude change, which requires repeated advertising exposure to maintain favourable attitudes (Shimp, 1991). Thus attitude change tends to be greater under low-involvement compared to high involvement situations (McGinnies, 1973; Rhine and Severance, 1970).

3. ATTITUDE TO THE ADVERTISEMENT

Positive attitudes to the advertisement (liking) has become an important measure of advertising effectiveness (du Plessis, 1998) not only as a holistic evaluation of the

advertisement, but also due to the depth of processing of the advertisement that is hypothesised as a consequence of liking an advertisement (Haley and Baldinger, 1991). Further, liking is hypothesised to act as a processing filter, produce fewer counter-arguments, increase trust and source credibility, and directly increase liking of the brand (Haley and Baldinger, 1991; Laczniaak and Grossbart, 1990).

Within the pharmaceutical sector, research since the 1980s has found that consumers generally are positive towards direct to consumer (DTC) advertising (Handlin et al., 2003). Further, it is well documented that socio-demographic characteristics of consumer segments are likely to show differences in their responses to marketing communications. Males and females have been found to process information differently (Darley and Smith, 1995; Meyers-Levy and Sternthal, 1991; Koc, 2002), and age has been shown to be an important factor in affecting market response or behaviour (Cui et al., 2003).

Work by Fazio (1986) explored how attitudes guide behaviour. He concluded that either strong brand associations in memory have to be present for automatic activation or a controlled analysis has to take place in order for attitudes to influence behaviour. Shimp (1981) suggested that a total of nine attitude to the advertisement - attitude to the brand combinations can be conceptualised based on positive, neutral, and negative attitudes to the advertisement and the brand. The combinations most predictable of behaviour would have a positive attitude to the advertisement and either positive or neutral attitudes to the brand.

The attitude to the advertisement – attitude to the brand relationship was initially believed to be strongest under low involvement conditions, but research has shown a strong relationship in both low and high involvement situations (MacKenzie et al., 1986; Park and Young, 1986).

4. RESEARCH DESIGN AND METHODOLOGY

The purpose of this research is to explore the interrelationship between involvement, attitude and behaviour outcomes in a clinical trial context. It is well documented in the literature that 'liking' of an advertisement can lead to positive attitude towards the product (e.g. Haley and Baldinger, 1991; Laczniaak and Grossbart, 1990), either low or high involvement condition will have strong relationship with attitude (MacKenzie et al., 1986; Park and Young, 1986), and positive attitudes are likely to influence behaviour (Fazio, 1986 and Shimp, 1981). Hence, will this behaviour be positive? If so, to what degree? Will it be positive word-of-mouth, or personal participation or ultimately, purchase behaviour of the product? Will this relationship vary between different segments? The actual behaviour consequence with involvement and attitude are under developed in the literature. Age was chosen as an exploratory variable on segmentation to test these relationships. Hence, three hypotheses are proposed, with a summary model shown in Figure 1.

H1: Involvement has a positive impact on attitude.

H2: Attitude has a positive impact on behaviour.

H3: There is no impact in different demographic segments (e.g. age) on the relationship amongst involvement, attitude and behaviour.

Clinical trial can be perceived as either a high involvement situation, i.e. physical personal participation, or a low involvement situation, i.e. general public awareness and understanding due to low importance and interest (McQuarrie and Munson, 1992; Mittal and Lee, 1989) amongst the majority of the population.

A postal advertisement for the recruitment of young people to participate in clinical trial is developed. The potential benefits of participation are highlighted as a theme with the aim to increase awareness and positive attitude towards participation. A survey is carried out via a mixed online and face-to-face methodology amongst 300 respondents. The sample frame is designed to reflect the national census distribution, i.e. age, gender and region in order to reach a national representative sample. None of the respondents have pre-clinical trial experience.

5. RESULTS, DISCUSSION AND IMPLICATIONS

Involvement with clinical trial can be perceived differently by different audiences in different situations. Both enduring involvement (benefit to the society and future human generations) and situational involvement (personal participation of an actual trial) (Bloch, 1981; Dholakia, 1998; McQuarrie and Munson, 1992) can be co-existing and applied with different emphasis by each segment. Personal relevance and motivation or 'What is in it for me?' (Gordon 1995) plays a very important role in involvement self-identification. Based on the subjective nature of involvement, respondents were asked their perceived involvement of clinical trial in a qualitative open-ended manner. Three levels of content analysis, i.e. open coding, selective coding and axial coding, were used to generate the following theoretical findings.

Results indicate that older segments perceived macro contributions such as a necessity to promote medical research, benefit future generations, and medical technology to be an enduring involvement subject to them. By contrast, younger respondents clearly distinguished clinical trial as a high involvement situation, as their concentration is on personal participation and their motivational focus is on monetary rewards.

The majority of respondents across all demographic segments found the advertisement to be positive and appealing. A five-point Likert scale was used for attitude measurement, from negative to positive. A positive increase in attitude of the topic is observed at 95% confidence level. It is interesting to note that older respondent groups are showing more positive attitude towards the topic than younger peers. A Linear Regression model indicates a value of .776 R^2 , which implies that age influences liking of the advertisement (See table 1). Hence, H1 and H2 are partly accepted depending on different age segments with different potential consequences.

Similar to the diversity observed in the debate of involvement and motivation, potential behaviour intention is widely different among segments. The older segment, which has positive attitude and is self-perceived as enduring involvement, is least likely to engage in personal participation. This finding may be explained by potentially higher perceived risk by this segment and something that warrants further examination in future research.

Respondents in this group, however, object less to passing on positive word-of-mouth and giving donations. The younger peers, despite the lower liking towards the topic, are more likely to engage in personal participation. A strong Pearson correlation (0.522) significant at 0.01 level is observed between attitude and participation intention with results indicating that the higher the attitude rating, the less likely a respondent will engage in personal participation behaviour. Therefore, H3 is rejected. It is indicated that potential behaviour might have more direct relationship with involvement rather through attitude (liking).

6. CONCLUSIONS RECOMMENDATIONS AND MANAGERIAL IMPLICATIONS

Despite the evidence showing a negative relationship between positive attitudes and higher level of potential behaviour, one should not conclude such correlations exist in all products and all advertisements. It is reasonable to propose that involvement and motivation, ‘what is in it for me?’ (Gordon 1995), has a more direct impact on potential behaviour. Two separate theoretical models are proposed based on two different segments (See Figure 2 & 3).

It is argued that there are two levels of involvement or ‘what is in it for me’; one is attitudinal, enduring and one is behavioural and situational (Bloch, 1981; Dholakia, 1998; McQuarrie and Munson, 1992). High attitudinal involvement (Petty and Cacioppo, 1986) has a strong relationship with the topic, with emphasis on its importance to the audience and potential long term consequences. Behavioural involvement is focused particularly on the outcome, e.g. reward of the behaviour, and the short term benefits that can be derived from the situation. Thus this study suggests that positive reinforcement in terms of a tangible reward has a stronger impact on participation behaviour than attitudinal involvement. The interaction effects between enduring and situational involvement are shown to be higher under behavioural involvement conditions due to the importance of the buying situation (Antil, 1984) and effectively elevated beyond the level of enduring involvement.

Clinical trial is a topic that is perceived differently by different audiences. It is unique, as involvement with the topic may be either attitudinal and enduring or behavioural and situational. This has profound implications for the advertising, marketing and communications strategies which need to be segmented based on each target audience as different behavioural outcomes are expected.

It is reasonable to apply the proposed theoretical model to many other contexts such as banking, health care, or volunteering where different demographic segments may perceive their involvement as situational or enduring with different potential behavioural consequences. Attitude and liking can be regarded as an indirect variable in this process instead of a determinant variable. Most importantly, the type of involvement/‘what is in it for me?’ or ‘what can I do?’ predominantly drives behavioural outcomes. It needs to be addressed directly and clearly to the target audience allowing marketers to manage potential behaviour more effectively.

7. LIMITATIONS OF THE STUDY AND DIRECTIONS FOR FUTURE RESEARCH

This study barely explored the potential behaviour in relation to attitude and involvement. More research into situational factors will also help to explain behavioural outcomes. Would an intangible reward in terms personal satisfaction resulting from donation to a cause or charity be determined more by enduring than situational involvement? Will situational involvement transform into attitudinal involvement after repeat exposure to the topic or after participation? Similar research needs to be conducted in other aforementioned arena discussed in the conclusion section. Direct relationships between involvement/motivation and potential behaviour can be further explored. Perceived risk is not specifically addressed in this study and its moderating effects on the aforementioned relationships may help to explain some of the findings in this study. In particular, is perceived risk gender, age dependent and/or life stage dependent?

TABLES AND FIGURES

Figure 1 Hypothesis Formulation

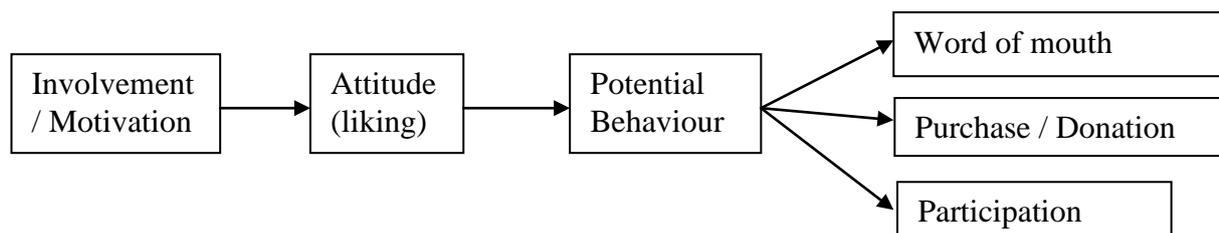


Figure 2 – What is in it for me? – Theoretical Model of Involvement, Attitude and Behaviour I (derived from Younger Segment)

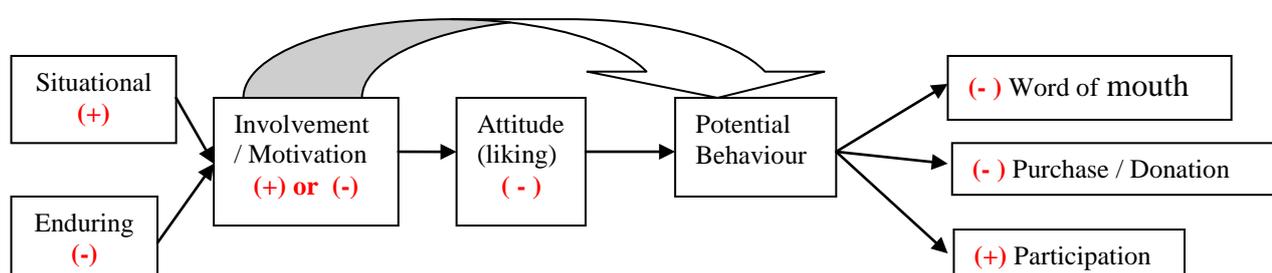


Figure 3 – What is in it for me? – Theoretical Model of Involvement, Attitude and Behaviour Model II (derived from Older Segment)

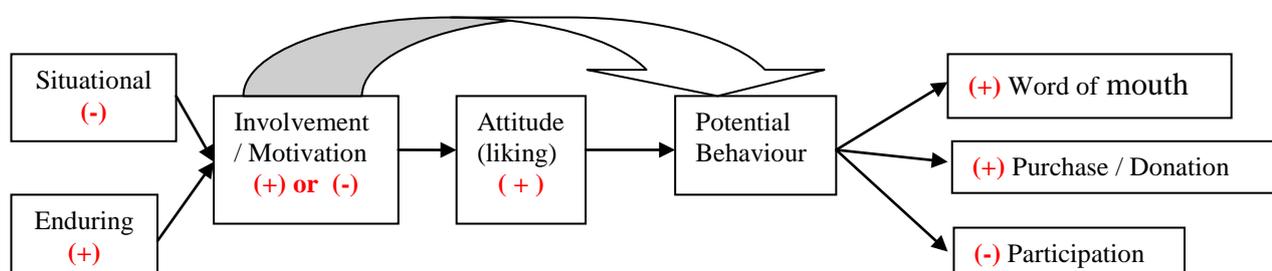


Table 1 Linear Regression Results

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.881(a)	.776	.771	1.088

a Predictors: (Constant), age

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