

Why Patients Follow Health Care Advice

Or, why do people do what they do?



Social Influence

- There are many factors that influence patients to follow the instructions of others
- Social influence is a powerful factor
 - Conformity
 - Compliance
 - Obedience
 - Modeling



Social Influence

- **Social Influence:** Efforts by one or more individuals to change the attitudes, beliefs, perceptions, or behaviors of one or more others

(Baron, Byrne, & Branscombe, 2006, p.339)

- Examples?
- **Symbolic social influence:** Occurs without anyone present or directly attempting to influence us



Ethics

- The patient has the right to know exactly what is being asked of them
- If doctors are to get patients to trust them, the use of these techniques could seriously undermine the development of a trusting relationship



Conformity

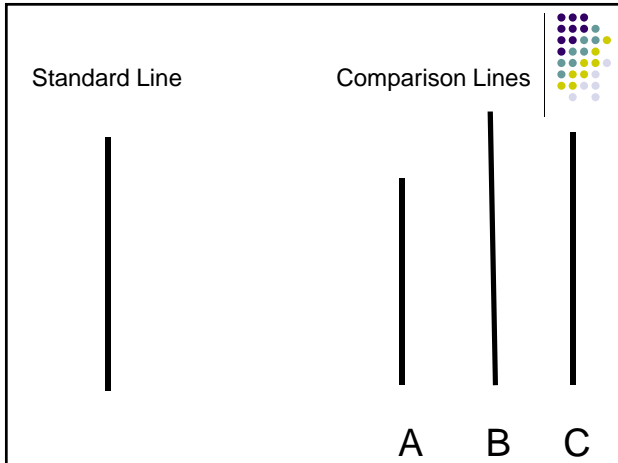
- **Conformity**
 - Individuals change their attitudes or behavior in order to adhere to existing **social norms**
 - “Unwritten rules” in society indicate ways in which people should behave
 - Some are useful while others are not
 - Yielding to group pressure is conformity



Conformity

- Consider **Solomon Asch’s (1951, 1955)** classic experiment
- Resisting conformity:
- Individual factors affecting conformity:





Conformity

- Why do people conform?
 - Normative social influence
 - Informational social influence

Factors Affecting Conformity

- Group factors - group size, cohesion, norms
- Individual factors
- **Crucial factor in resisting conformity is:**



(Baron, Byrne, & Branscombe, 2006, p.442)

Compliance

- Compliance is a type of social influence involving direct requests from one person to another
- Why do you comply?



Compliance: Why We Say Yes (Sometimes)

- Friendship/Liking
- Commitment/Consistency
- Scarcity
- Reciprocity
- Social Validation
- Authority

(Cialdini, 1994)

Compliance Techniques

- “Door in the face” technique
- “Foot in the door” technique
- “Low-ball” technique
- Ingratiation
- Guilt
- All of these techniques are used daily to influence the public
- An analysis of the techniques makes one less susceptible to them

Compliance Techniques

- “Door in the face” technique
Large request followed by a small request
- “Foot in the door” technique
Small request followed by a larger request

Compliance Techniques

- “Low-ball” technique
Leaving out the full details
- Ingratiation
Caveat – watch out for the ‘slime effect’
- Guilt

Obedience

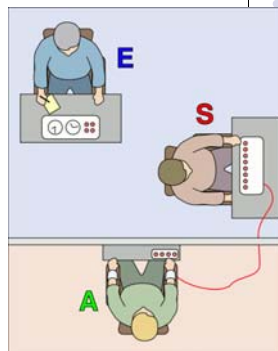
- This form of social influence is concerned with telling or commanding people to do something, rather than asking them
- In what types of situations are you most likely to see this type of social influence?

Obedience

- Not surprisingly, people obey commands given by authority figures, since failure to do so is often accompanied by some form of punishment
- The **influence of powerless authorities** to command obedience has interested many psychologists
- **Milgram Experiments (1963, 1974)**

Control Panel

- Slight
- Moderate
- Strong
- Very Strong
- Intense
- Extreme intensity
- Danger: severe shock
- XXX 450 volts



Obedience

- Milgram discovered two factors were important in **resisting obedience**

- 1.
- 2.

Obedience



- What Milgram taught us:
 - Question authority's legitimacy
 - "Is this something I would do on my own initiative?"
 - Don't even start to obey if you feel uneasy
 - Find an ally

Obedience



- If you're interested in learning more:
 - *Obedience* is a black-and-white film of the experiment, shot by Milgram himself. It is distributed by The Pennsylvania State University
 - A.P.A. (2009). Reflections on replicating Milgram. *American psychologist*: 64; 1, 20–27
 - Stanford Prison Experiment
<http://www.prisonexp.org/>

Modeling



- Modeling behavior can lead to:
 - Inhibition of action
 - Disinhibition of action
- Usually, we are unaware of how observing others influences our behavior
- It is therefore important that doctors recognize that their behavior is being modeled, without explicit evidence of it

Modeling



- **Craig & Prkachin (1978)**
 - Participants received electric shocks of different intensity levels
 - Participants rated the painfulness; skin conductance and heart rate also measured
 - Group 1: Exposed to a 'tolerant model' (appeared to be shocked and rated pain) – tolerant model reported pain 25% lower than the true subject
 - Control group: confederate appeared to be shocked just as the true subject, but their responses were not shared with the subject

Modeling



- **Craig & Prkachin (1978)**
 - IV: modeling – less pain
 - DV: pain rating and physiological measures
- Results?
- Implications for clinical practice?

Attitudes



- **Attitude** – person's *evaluation* of virtually any aspect of the social world
 - Belief (thought and feeling) that predisposes one to act in a particular way
 - Can be positive, negative, or mixed - rarely neutral

Attitude Change



- Every day, our patients are subjected to a barrage of messages that attempt to change their attitudes
- Persuasive communication can be effective in changing attitudes toward health

Attitude Change



- Three main factors affect attitude change:
 - Characteristics of the communicator
 - Characteristics of the communication
 - Characteristics of the recipient

Attitude Change



- Characteristics of the communicator
 1. Credibility – expertise and intentions
 2. Likeability – positive personality traits and appearance
 3. Speed of the message

Attitude Change



- Characteristics of the communication
 1. How effective is fear in changing patient attitudes?
 - For fear to work:
 - Strong emotional appeal
 - Belief that risks are present if not changed
 - Belief that heeding the advice will remove danger
 2. Type of argument (one-sided vs. two-sided)
 3. Continued exposure to the stimulus

Attitude Change



- <http://www.youtube.com/watch?v=xRHvZazd4IM>
- <http://www.youtube.com/watch?v=sInBshK7V7E>

Attitude Change



- Characteristics of the recipient
 - Personality traits associated with more susceptibility
 - Low self-esteem
 - Eagerness to please
 - Good mood
 - Cognitive explanations for resisting attitude change
 - Able to think of counter arguments
 - Able to remember similar experiences
 - Reactance

Improving Outcomes



- Health professionals have continuing contact with patients as they progress through treatment
- **Progress** of an individual will be determined by many factors such as:
 - Age of the patient
 - Accuracy of diagnosis
 - Available treatments
 - Previous health status

Improving the Outcomes: Preparation for Therapy



- Consider stressful procedures
- Preparation for stressful procedures
 - Providing information about the procedure beforehand can reduce anxiety
 - People's rating of stress of a procedure may be influenced by the benefit that might come from the outcome

Improving the Outcomes: Therapy



- **Therapy**: any technique used to facilitate positive changes in a person's personality, behavior, adjustment, psychological or physical health
- Direct improvement in general health is an explicit aim but may be difficult to define
- Usually there are specific health aims
- Most therapy will also improve self-image and psychological well being

Common Factors in Therapy



- The following factors are shown to improve the outcome of the intervention:
 - Caring relationship
 - Reassurance and support
 - Desensitization
 - Understanding
 - Reinforcement

Common Factors in Therapy



- A caring relationship
 - mutual respect and regard
 - empathy, warmth, and understanding
 - patient is expected to have confidence in the doctor's abilities
- Reassurance and support to the patient
 - Problem may be routine to the doctor, but remember that it is unique to the patient
 - Give the patient reassurance that he/she has treated similar problems in the past with excellent results
- **Placebo effect**

Common Factors in Therapy



- Desensitization
 - Problems lose their threatening quality when they are discussed in an accepting environment
 - Implications - report of findings
- Understanding
 - **Give understanding and explanation** of the health problem to the patient
 - Report of findings should include:
 - Cause of the problem
 - Description of what is happening now
 - Some idea of how it could change with care
 - This will give the patient rationale for subsequent care

Common Factors in Therapy



- Reinforcement
 - The patient depends on positive feedback
 - Telling them you're so glad that they are feeling better

References



- Asch, S.E. (1951). Effects of group pressure upon the modification and distortion of judgment. In H. Guetzkow (Ed), *Groups, leadership, and men*. Pittsburgh: Carnegie.
- Cialdini, R. (1994). *Influence: Science and practice* (3rd ed.). New York: Harper Collins.
- Craig, K. and Prkachin, K. (1978). Social modeling influences on sensory decision theory and psychophysiological indexes of pain. *J Pers Soc Psychol*: 36(8):805-15.