

Listen, lusten en lasten van massamediale voorlichting : de planning van publieksgerichte interventies

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Summary

By way of introduction we defined the term 'communication' as making information instrumental for a (sub)population to solve individual and/or social problems. In short, communication is 'knowledge utilization'. The use of the word 'instrumental' is not fortuitous but a deliberate choice to emphasize the importance of the recipient of information in the communication process.

Giving information is by definition purposive; however, the intensity of the purposiveness can vary considerably. To limit the field in which communication can be applied, we have distinguished two basic forms of communication, namely intentional and facilitating communication. In intentional communication the communicator explicitly desires to provoke changes in knowledge, attitude and behaviour. In facilitating communication the information offered is noncommittal in that the recipient is free to choose how he or she will make use of it. Facilitating communication, therefore, can be seen as information service.

As a policy instrument communication can play a useful role in solving social problems. In accordance with the definition we are using here, communication can help to clarify, amplify and explain the implemented policy. But communication can also constitute an integral part of a set of policy instruments, as such to be applied - in the words of Van Woerkum - either subordinately, coordinately or dominantly. In order for communication to achieve maximum effect in the policy cycle, conscious consideration of the functional use of communication methods and techniques is necessary. We have illustrated the complexity of communication by means of social dilemmas, showing that prior to influencing knowledge, attitude and behaviour, research is needed to analyse thoroughly the processes

that are hidden behind opinions, values, expectations, actions, etcetera. The problems described reveal that communication has only limited success as an instrument for solving social problems.

As a modality of intentional communication, health education is based on three pillars, namely purpose, system and method. Separating these foundations is a prerequisite in professional interventions.

System constitutes the basis of the intervention planning, which comes down to a thorough preparation by means of research into the relation between (health) problem and behaviour and analysis of the determinants of the behaviour that is responsible for the problem. On the basis of facts derived from analyses of problem and behavioural determinants, a decision can be made on the usefulness of an intervention and on the form in which implementation should take place. System ends with the questions: what are the results of the intervention(s) and what are its procedural implications regarding possible continuation?

With respect to intentional communication the formulation of the objectives should meet high standards. We have given a description of a number of criteria the objectives have to meet. It is essential to distinguish an intervention goal from a communication goal.

An intervention goal is aimed at solving the observed problem. It indicates which effects are aimed at in a particular population and it describes the expected results in terms of verifiable quantities. The intervention goal should be operationalized in sub-goals conveyed in terms of behaviour.

A communication goal involves the content of the message and indicates which actions are expected from the target group. It is heavily dependent on the medium that will be used in the communication process. By and large, an intervention goal consists of several communication goals.

The last pillar of the triad of professional communication is the method: communication is a stochastic process that takes place in phases leading to changes in knowledge, attitude and behaviour, and finally amounting to behaviour retention. A phased approach is necessary not only from an evaluative point of view, but also, importantly, in view of the idea that it will regularly enable the introduction of adequate means to realize the desired goal.

It is generally said that communication should fit the expectations, knowledge, needs, wishes, experiences and motives of the public.

There is not a single communicator who will contradict this statement. The concepts have in common that they all refer to psychic conditions or experiences. They can also be called motivational determinants. Motivational determinants refer to the nature, scope, intensity and origin of the motives that constitute the basis of human action. By means of a survey of the extensive literature we have tried to clarify and instrumentalize the motive concept for the practice of communication. We have come to the conclusion that motive is based on evaluation of experiences, observations and perceptions. In evaluating, two parameters are applied, namely first the individual expectation of achieving (or being able to achieve) a particular goal, and second the value of this for the individual. The expectations concerning the effectiveness of compliance with the communication message are of crucial importance. This is also the opinion of Bandura, who states that behaviour is the upshot of behaviour effectiveness in terms of the perception of the outcomes of compliance with the desired behaviour (does it benefit me?) and the individual effectiveness namely the perception of one's own possibilities to perform the suggested behaviour (am I able to do it?). If communication has to fit the motives of the target group, the cognitive coping process concerning effectiveness expectations should be the starting point. Acquiring information in the sense of what recipients can do to acquire information is the central issue in chapter 4. In particular the factors that determine the media approach are dealt with. We have put ourselves in the recipient's position in order to find out which social and psychological factors influence his media behaviour.

In order to design a strategy it is important to know how the problem mentioned in the message is perceived by the recipient and which bottlenecks might hamper a possible change. We wish to emphasize that the recipient should be approached as a full (serious) communication partner, who selects, interprets and handles the information offered critically and rationally. In the 'sense making' approach of Dervin, a variation on the 'uses and gratifications approach', sufficient starting points can be found to postulate the position of the receiver personally as well as contextually.

In chapter 6 a number of recent models are described, which are useful in planning intentional communication. The information process model and the communication/persuasion matrix of McGuire are discussed and commented on in detail. Although McGuire's model has lost some topical value, it still constitutes a useful framework for

the planning of interventions. The communication/persuasion matrix is based on a wide range of social psychological theories. We have tried to extend the consequences of these theories to practical implications of communication. We observe that such realization should be seen as given conditions, which have to be integrated in the planning of interventions.

Kok's model is a phased model constructed from the first stages (attention and understanding) of McGuire. Fishbein's model represents in this model the relation between attitude change and behavioural change. Rogers' model is used in the transition from change of behaviour to retention of behaviour. Kok's model indicates for every phase the variables that are important for continuation of the process. The insights obtained by Kok can be considered as a useful contribution to McGuire's model, because Kok discusses in detail the role of the social environment and the expectations concerning effectiveness and the desired behaviour. Petty and Cacioppo's model introduces two routes that can lead to persuasion. The first (central) route consists of changes due to the content of the message, whereas changes following the second (peripheral) route are initiated by mere form aspects of the persuasive message. Basically, the difference comes down to cognitive change and affective change. The model locates the factors that influence the choice of either the central or the peripheral route. Cognitive elaboration leads to a more persistent change, requiring from the communicator a careful composition of the message. In laboratory situations the model has withstood the test of criticism, but in communication practice the model needs more refinement.

Flay's integration model is based on a compilation of the results of evaluated mass media campaigns. Unlike the preceding models, this model is specifically designed for mass media communication. In our opinion, Flay's model - an extension of a reconceptualization of the information-processing model - gives ground for moderate optimism with respect to the effectiveness of mass media communication. In particular, Flay emphasizes the individual factors (such as personal effectiveness), reinforcement and behavioural experience. Mass media campaigns have often paid too little attention to behaviour-based persuasion in particular, although it has yielded satisfactory results in adjacent working fields.

At the end of this chapter we have introduced two strategies that can be applied in communication campaigns, namely behaviour-based

persuasion and message-based persuasion. For message-based persuasion to be successful, the composition of the message should meet high requirements. Pretesting can optimize the composition (form as well as content) and can detect whether the message is understood and complies with the expectations, needs and possibilities of the target group.

We have introduced a test route, consisting of three phases. In the first phase the message is tested against communication criteria as well as content expert criteria. This results in a draft text that has to be rewritten, laid out and illustrated by professional copywriters and designers. Subsequently, the (provisional) original version is submitted to the eventual target group and adjustments are made if necessary. Then the experts have to give their approval. A post test can be considered when exact assessment of the contribution of the pretested communication material to the intervention is desired. A brief description is given of a number of pretesting methods of which the application depends on the subject and the medium used.

Opinions on the influence of the media are still divided. Discussion on the working of the media should be restricted to two factors, namely that:

- a. effectiveness should be defined per medium (and preferably in the context in which it is used);
- b. effectiveness should be seen in the light of the previously formulated objectives.

On the basis of literature we have concluded that mass media campaigns in general yield poor results where changes of attitude and behaviour are concerned. When professionally applied, mass media proves able to effectuate cognitive changes, namely increase of knowledge and awareness. The Dutch campaigns show more or less the same results. It is remarkable that in general a more flourishing picture is presented than empirical data reveal.

The second part of this book deals with a randomized intervention study of prevention of ski injuries. Although in recent years the number of skiers has increased steadily, the number of ski injuries has remained nearly the same since the end of the sixties. The reason for this relatively consistent figure can be found in the technical

improvement of skiing materials. Nevertheless, the number of ski injuries is relatively large and implies considerable serious (financial) consequences. On the basis of an extensive literature survey, we have drawn the conclusion that particularly incorrect adjustment of the bindings, or failure to adjust these, can be considered as the main cause of the occurrence of injuries. The objective of this study was to find out in which way health educational interventions by means of mass media can contribute to the prevention of ski injuries. The results of the study will constitute the basis for a large scale national campaign in the Netherlands. In analysing the behaviour determinants the adjustment of the bindings was established as object of intervention. This is legitimate as the desired change complies with criteria of relative importance (there is a direct relation between problem and behaviour) and relative changeability (it constitutes mainly a cognition problem that can be solved by means of information). In the intervention study three conditions were employed to determine the way in which the campaign could best be realized. These conditions are:

- a. the medium (leaflet versus audio-cassette),
- b. the moment of distribution of the communication materials, and
- c. the approach (fear-arousing texts - in which the severity and the vulnerability of the individual are emphasized - versus neutral texts).

Fear arousing communication material appeared to have the greatest influence on the behaviour concerning the adjustment of bindings, irrespective of the moment and the medium. As for the medium we can conclude that the cassette had a higher impact than the leaflet where attention and intention (?) are concerned. In our opinion this is due to the surprise aspect. As a communication medium, the leaflet remains the favourite in view of costs and practical feasibility.

The final part (?) of the book discusses an investigation into the reactions of the public and general practitioners to a particular television programme on health issues ("Vinger aan de pols"). The reason for this study was (the exposure of) the idea that after broadcasting such health programmes, the waiting rooms of general practitioners are filled with anxious, worried and panicky patients. Frequently, general practitioners let it be known that they are not very happy with the unexpected response (flood of patients). The three

main questions investigated the opinion of the general practitioner about the medical information through mass media, the extent to which consultation behaviour is influenced by programmes on health and disease issues, and the opinion of the public on these programmes. Our conclusion is that the majority of the participating GPs think that the media have a positive function with respect to health education. Nonetheless, the physicians think that these programmes should pay more attention to the biological and physiological functioning of the human body and to the prevention of common small diseases and complaints. On average, half of the public are satisfied with the current supply of information in this field; 40 per cent feel the need for more information as the programmes are educational, practical and useful. The immediate effects of a television broadcast on the consultation behaviour are few, although during the consultation hours the subjects of the such programmes are frequently discussed. However, it is not a matter of panic, fear, doubt or anxiety, but more a question of asking for some explanation.