

The Science of Influential Communication

Most of us who work in the fields of optometry and ophthalmology can recall times when certain patients haven't taken heed of the advice that we have given to them. Although we'd like to think that the important information and advice we offer is routinely adhered to, most of us realise that this is often not the case; despite the obvious reasons for doing so! (Not to mention the potential implications of not doing so).

*In this exclusive **Bausch & Lomb** sponsored article, **Dr. Robert Cialdini** Regents' Professor of Psychology at Arizona State University and **Steve Martin** co-author of the Royal Society nominated International Bestselling book **Yes!** explore the subject of influence and persuasion and offer practical insights and advice that Eye Care Practitioners can employ to increase the likelihood that important health messages are heard and acted upon and compliance rates are improved. The role of influence and persuasion in increasing the efficiency and effectiveness of our business operations is also discussed.*

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What time did you get out of bed this morning? And what time will you most likely retire this evening? These two questions might, at first glance, appear to be out of place when included in the introduction to a paper about eye care and communication. But consider this; It is likely that you are similar to most other hardworking professional people. You will typically spend 16 – 18 hours a day awake at work, at home and probably some considerable time travelling in between the two and living your daily routine.

Also, like other hardworking busy professionals, you are probably overwhelmed with information. Much of this information is designed to get your attention. Whether it's a telemarketer trying to sell you a new mobile phone package, a retailer promoting their latest offer, a politician persuading you to vote for them or a healthcare professional lauding the benefits of changing to a healthier lifestyle, today's world is an increasingly complex and information overloaded one (Cialdini 2001) and much of it seeks to influence us, persuade us and change our behaviour in some way.

So how does an individual cope with this burgeoning avalanche of information and data?

Most people would like to be considered good decision makers, weighing up the pros and cons of each communication, mulling over the facts, the upsides and the downsides, before coming to a well formulated and informed decision. A few moments of honest reflection though shows that often this is not the case. Frequently there is simply too much information for us to consider. And not enough time to consider it either. Information and technology has evolved far quicker than our natural capacity to process it (Cialdini 2001) and as such we increasingly rely on shortcuts to navigate our way through modern life.

Even when we need to make decisions about highly personal and relevant topics, such as our health, evidence shows we will often use decision shortcuts to guide our behaviour (Kahneman, Slovic & Tversky, 1982; Todd & Gigerenzer, 2007). If these decision shortcuts are so central to the human decision making process then it may be pertinent for professionals who provide important information and advice, for example about an individual's health, to understand these decision shortcuts and be skilled in their use. By doing so the likelihood that such advice will be processed and complied with could be increased.

In consumer environments too, a person's decision making processes play a large part in determining the choices they make. For example [understanding what influences a patient to be loyal to a particular practice or what persuades them to choose a certain type of lens or pair of spectacles could be useful information to eye care practitioners](#) so that they can honestly and ethically steer their patients towards the choices that are right for them.

For over sixty years social scientists have been studying what these universal decision making shortcuts are (Cialdini 2001). The evidence uncovered shows them to be few in number (*there are only six*) and that they are often triggered by specific action, context, piece of information or sometimes even a single word contained within a communication (Langer, Blank & Chanowitz 1978).



These six universal principles of influence and persuasion are;

Social Proof - people behave in ways that are similar to others who are like them

Reciprocity - obligates people to do for others what others have done for them first

Consistency - causes people to act in line with previous commitments even if demands escalate

Authority - people defer to those with expertise and credibility to guide their decisions

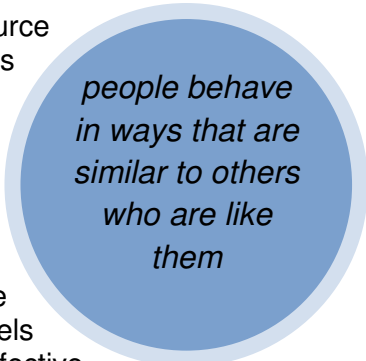
Liking – people are influenced more by those they like and who like them

Scarcity - opportunities appear more valuable when they appear less available

In this article we'll describe each of these universal principles in turn. We'll also offer insights into the ways Eye Care Practitioners might efficiently and ethically employ them to help overcome common challenges such as improving compliance rates, encouraging patients to attend eye examinations and juggling the sometimes delicate balance between medical practice and retail showroom.

Social Proof

Although there is little doubt that other people's behaviours are a powerful source of social influence, in studies when people are asked whether other people's behaviour influences their own, they absolutely insist that it does not (Goldstein, Martin & Cialdini 2007). But experimental social psychologists know better. Evidence from numerous studies confirms that we follow the lead of those around us who we see as similar to us (Festinger 1954; Platow et al., 2005). In one study persuasion researchers were able to increase by 26% the number of hotel guests who were willing to reuse their towels by simply informing guests via a commonly used card in hotel bathrooms that the majority of other guests who had stayed in the hotel had also reused their towels (Goldstein & Cialdini 2007). Note that this strategy was not only honest and effective but almost entirely costless to implement.



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It is not just hotel managers that can employ this powerful driver of human behaviour. Research into the social proof phenomenon shows that people are most likely to be influenced by the behaviour of others when they themselves are anxious or uncertain (Sechrist & Stangor 2007; Wooten & Reed, 1998; Zitek & Hebl, 2007). It could be argued that many patients experience feelings of anxiety and uncertainty during an eye examination and as a result an eye care practitioner who gently points out that *"other patients like them often feel nervous at the start of the exam but quickly find they are able to relax"* is providing some very important and potentially persuasive words of comfort.

The social proof approach should also be effective when it comes to helping patients make choices. For example pointing out to your patients the best selling frames, or what contact lenses are most popular provides important information on how others have acted in the past. Evidence shows that the more tailored the social proof information provided is to *'people like me'* the more persuasive it becomes.

For example when dealing with a teenager it would be most pertinent to point out the frames that the majority of other teenagers like them have chosen. The evidence shows that the *'people like me'* approach doesn't just hold for age but can hold for other characteristics such as their job, gender or sports interests. For this reason alone it can be very useful to pass on information about an individual patient to colleagues who may be responsible for talking about products and services so they can provide the most pertinent social proof information.



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Reciprocity

Imagine one day that friend of yours invites you over to their house for dinner one weekend. You accept their kind invitation and agree to come over at 8.00pm. If you are like most people, when Saturday evening arrives, you will ensure that you arrive at your friend's house with a gift of sorts. A bottle of wine, some flowers or at the very least an invitation that next time you will play the host and your friend should come to dinner at your house. We intuitively know about the role of reciprocity in our everyday lives. The rule states that we are obliged to give back to others the form of gift, service or favour that they have first given to us.

For example people are more likely to send celebration and holiday cards to those who have sent them one first (Kunz & Woolcott 1976).

Researcher Dennis Regan conducted a classic study of the reciprocation norm (Regan 1971). In the experiment, people who received a small, unsolicited gift from a stranger named Joe in the form of a can of Coca-Cola purchased twice as many raffle tickets from him as those who received no gift at all. This occurred despite the fact that there was a time delay between the gift and the request, and that Joe didn't make any kind of reference to the original gift when he made his pitch about the raffle tickets. Interestingly Regan found that those who received a can of Coke from Joe made their purchase decisions completely irrespective of the extent to which they liked him.

In other words, for the participants who had received the gift, those who didn't like Joe purchased just as many raffle tickets as those who did. This demonstrates that the feelings of indebtedness caused by the power of the reciprocity principle are capable of exceeding the effects of liking on compliance.

Are we suggesting that Eye Care Practitioners should immediately equip themselves with a plentiful supply of Coca Cola ready to give to their patients before reminding them to always wash their hands before removing their contact lenses or to remember to attend their next examination? Clearly not. But we are suggesting that consideration should be given to what to say to patients before asking the patient to comply with a request or piece of advice.

It is common practice for optometrists and ophthalmologists to take time out of their busy practices to attend seminars and training sessions that keep them up to date with current research and protocols. Whilst this is common knowledge within the eye care community [one group that may not be aware of the efforts made towards continuous education are the very people whom it could influence most – patients](#). An eye care professional that uses the words

“my commitment to you is to keep up to date with the latest information so I can give you the best advice possible”

before asking them to always wash their hands before removing or replacing their contact lenses is subtly employing the *‘give first and then ask’* sequence of the reciprocity principle.

The reciprocity principle might also be employed in overcoming another common challenge faced by eye care practitioners – persuading patients to return for regular eye examinations. One method commonly employed by practices is to offer patients an incentive that encourages them to make an appointment. This incentive might take the form of a voucher or a coupon offering money off an eye examination. While approaches like this should encourage more patients to make an appointment they may not be the most effective way of overcoming this challenge.



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Studies have shown that gifts and incentives are most effective if they are given first and importantly, if they are personalised (Strohmetz 2002). This would mean that rather than a practice posting a voucher or coupon along with an eye examination reminder it would potentially be more effective to give the voucher for a patient's next visit personally to a patient at the end of their current appointment. In fact alerting the patient to the fact that you have *"already applied a credit to their account towards their next examination"* might be a powerful way of obligating them to not only return to your practice in the future but also potentially increase their loyalty to you too.

Consistency

One sunny day you decide to take a trip to the seaside. After finding a spot on the beach and settling down with that book you have been promising yourself to read for months you are approached by a fellow sunbather. They ask if you wouldn't mind keeping an eye on their belongings while they take a swim. Naturally, being a kind hearted and community spirited individual, you agree. How do you think you would react though, if a few minutes later an opportunistic thief quickly snatches the belongings that are under your supervision and runs off?

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And what does such a scenario have to do with patient compliance?

In a fascinating study conducted on a New York beach researchers staged a series of thefts of a beachgoers property (Moriarty 1975). In one condition the individual just left their property (a towel and a portable radio) on the beach while they strolled down to the waterside. In a second condition the individual concerned firstly asked another beachgoer sitting nearby if they would *"kindly watch my things"* and waited for the 'yes' response. Moments later another researcher, posing as a thief would rush up to the towel and the radio and run off with them. When no one was asked to watch the beachgoers property very few people were willing to play the role of vigilante and tackle the thief. But in the second condition when the researcher first asked for another to watch their things 85 per cent of people did. This small request, simply asking for a 'Yes' response, created a change in that individual's perception of what they would do in the future. Such an approach might also be employed to encourage patients to commit and then carry out important and worthwhile changes that could benefit their health.

It is a strong human tendency to feel pressure to be consistent with ones previously declared words. This is especially true when those commitments require an action to be taken and are made public to others (Schlenker 1994). It is for these very reasons why groups such as Weightwatchers™ and Alcoholics Anonymous encourage members to stand in front of their peers and declare their goals.

But what commitments could eye care professionals generate from their patients that could lead to them being more compliant? One option might be to ask a patient what one simple thing they could do to ensure that they avoided contracting an eye infection when removing their contact lenses (hand washing), rather than telling them to wash their hands. Similarly in one study one group of healthcare professionals (specialist nurses) found that they were able to generate greater patient commitments to worthwhile health beneficial behaviours if they asked their patients

*"What one thing could you do that you would have **no excuses** for not incorporating immediately into your daily routine".*



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Consistent with other research (Allison & Messick 1988), compliance with such a commitment was also longer lasting if the healthcare professional then asked the patient to write that commitment down.

Writing down and describing something a patient has committed to can also be a useful strategy for overcoming another challenge – patients that fail to attend their appointments. A survey from the UK National Health Service suggested that some seven million medical appointments were missed by patients in one year alone (DPP 2006).

When making appointments for a next visit it is often standard practice that a receptionist or appointment clerk writes down the date and time of that next appointment on a little reminder card. With such a routine, however, the patients' role is passive rather than active. Instead, [asking patients to fill out the card themselves should prove to be an effective and low-cost strategy in reducing future no-show rates](#) (Goldstein, Martin & Cialdini 2007).

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Authority

When faced with an overwhelming array of information people will often be more readily persuaded by individuals who are perceived to be the legitimate experts in such matters (Cialdini 2001). We look to the advice of financial advisors when we want to know about the most suitable mortgage or savings plan. Similarly if we have a legal matter to attend to we might look to a lawyer or solicitor. Someone who has concerns or questions about their vision will typically look to the advice of an Eye Care Practitioner.

When social scientists talk about authority it is important to note that they make a distinction between a person's ability to influence others because they are seen as legitimate experts (being **an** authority) as opposed to someone who is in a position of power (being **in** authority).

Because [people tend to view authorities as credible sources of information, they are particularly effective as agents of behaviour change](#). For example research suggests that nurses who wear stethoscopes, an emblem symbolising a Doctor's expertise, are viewed as more authoritative than those who do not (Castledeine 1995) Subsequently their advice was more adhered to. Another study showed that hospital based physiotherapists who displayed their medial diplomas on their treatment room walls were able to significantly increase compliance to exercise regimes they recommended to their patients (Redelmeier & Cialdini 2002)

To maximise patient compliance, [Eye Care Practitioners should take steps to communicate their expertise and credibility to their patients](#). However such a task can be tricky. Informing a patient that they should comply with your recommendations because you are a highly trained healthcare professional with years of experience might not be the most productive route - even if it is the case that you are a highly trained healthcare professional with years of experience. However [there is a simple, effective and yet often overlooked method of getting across a message about your expertise to others](#). Arrange for someone else to do it for you.



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In one study doctors whose patients were diagnosed with a diabetes related illness and who were required to have regular follow up treatment from a nurse specialist were asked to communicate that nurses experience and expertise to the patient (IAW 2006). Specifically the doctors were instructed to say

"I am going to refer you to our Diabetes Clinic. It is run by [name of nurse] our Diabetes Nurse".

The Doctor was then instructed to inform the patient of the nurse's expertise in managing patients with diabetes. This information included how many years experience the nurse had gleaned, their qualifications and diplomas. The result of this simple and honest introduction was dramatic. Patients rated their confidence and satisfaction in the nurse as over 70% greater than a similar group of patients who were referred without such an introduction – even though the nurse was the same person in both cases. Interestingly confidence and satisfaction rates in the referring doctor also increased.

Such an approach should be similarly effective in situations where eye care professionals need to handover a patient to a colleague. For example, an optician handing over a patient to a contact lens fitter should be able to significantly increase that patient's satisfaction rating of their treatment and experience by pointing out their colleague's expertise and experience before making the handover.

Liking

On first viewing there doesn't appear to be much of a link between compliance in a healthcare setting and Tupperware. But with a closer inspection of the fifth universal principle of persuasion perhaps the link becomes a little clearer.

Put simply, the principle of liking says that *people prefer to say "yes" to and comply with the requests of those they like*. This fact wasn't lost on the Tupperware organisation who noticed as early as the late 1940's and early 1950's that their products sold more when they were marketed by Party Plan Organisers selling in their friends and neighbours homes compared to when the products were sold in stores. In fact subsequent research has found that the strength of the bond and the amount of liking that Tupperware party goers have for the host are twice as likely to affect their purchase decisions as their liking for the product itself (Frenzen & Davies 1990). It appears that how much one person likes another has a significant bearing on whether that person will comply with the requests of another. Social scientists point specific factors that trigger the liking of another (Cialdini 2001). Similarity, Praise and Cooperation.

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People tend to like others who are similar to them (Suls, Martin & Wheeler, 2000). Many of us will have experienced a situation where, on meeting someone for the first time, we quickly get the feeling that we have known them for years. In all likelihood we have connected with that person by discovering a similarity that we both share. Maybe we have children of the same age, trained at the same hospital or reside in the same area of town. Healthcare Professionals that look for genuine similarities that they share with patients can find their subsequent advice and recommendations becoming more compliance inducing as a result (Goldstein, Martin & Cialdini 2007).



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People will also tend to like those, and therefore be more persuaded by those, who pay them compliments and give them praise (Byrne, Rasche & Kelley 1974). There is evidence to suggest that **people are extremely receptive to the requests of others immediately after they have received a compliment** (Howard, Gengler & Jain 1997). As a result Eye Care Practitioners who regularly praise patients on a wanted behaviour might increase the likelihood that such behaviour will continue. Similarly, genuinely complimenting a decision made by a patient, for example on the spectacles they have chosen could do much to reinforce their satisfaction with their choice. The giving of praise and genuine compliments is a strategy that perhaps shouldn't just be limited to patients. Such an approach can also be effective with colleagues.

Another factor that activates liking is cooperation (Cialdini & Martin 2004). Evidence suggests that working with patients, understanding their goals and working together to make a jointly owned plan of care will enhance cooperation so that when a suggestion is made by the eye care practitioner it is done in the context of working together.

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Scarcity

People typically overvalue things that are rare, dwindling in availability or difficult to acquire (Cialdini 2001). Behavioural researchers Daniel Kahneman and Amos Tversky were the first to test and document the notion of “loss aversion” the idea that people are more motivated to avoid losses than they are to acquire gains (Kahneman 1974).

In one healthcare study, information leaflets recommending that women perform breast self-examinations on a regular basis found that women who had received a leaflet that contained **positive** messages about the benefit of conducting self-examination, (*e.g. women who perform this examination have an increased chance of finding a tumour at a treatable stage*), were no more likely to perform the examination than women who were just given instructions on how to conduct the self-examination. A third group who were provided with instructions for carrying out self-examination along with information that informed them of the **negative** consequences of failing to do so (*e.g. women who fail to perform the examination have a decreased chance of finding a tumour at a treatable stage*) were significantly more likely to carry on performing the breast self-examination (Meyerowitz & Chaiken 1987).

One consideration an eye care professional should be aware of when using a ‘loss-framed’ communication is to be aware that it is not enough to just point out what a patient stands to lose if they do not, for example attend regular eye examinations. The result of such a communication might serve to instil fear or anxiety in a patient that could lead to inaction. Instead an eye care practitioner should accompany any loss-framed message with a simple straightforward action that the patient can take to avoid such a loss.

For example an emerging presbyope patient might be told that there is a risk that their sight will continue to deteriorate but changing to a toric lens would be a worthwhile and sensible choice.

The use of scarcity and loss-framed information is common place in retail and commercial settings. “Limited time” offers and “End of Season Sales” are almost ubiquitous. Notice however the subtle difference in the messages “Limited Time” and “Limited Number”. Consumer research suggests that honest information about the limited number of products that are left available would be a more persuasive communication compared to limited time information. Reasons for this may include the fact that once a product is out of stock it is immediately lost to others. Rapid sales of a product might also



indicate that many others are choosing such an option and subsequently the additional persuasive appeal of social proof information is communicated.

Conclusion

In this article we have sought to provide not only interesting and scientifically validated evidence of how one can increase the likelihood of individuals complying with their recommendations but also some practical applications for the use of these principles for eye care practitioners (See table 1.0). In concluding there are some additional points we would like to make regarding the use of the principles described.

Firstly, **although these principles are conceptually distinct, communications are likely to be most effective at influencing and persuading when several are used consecutively.** For example, consider how an Opticians Practice might attract a new patient. Perhaps it could first point out how a number of other patients, who happen to be of a similar age and in similar circumstances, choose your practice. The practitioner's staff may then go on to compliment the consumer and offer a personalised voucher towards an eye examination. In doing so three principles of persuasion have been employed namely, social proof, liking and reciprocity.

Second, it should be clear that although people use these mental shortcuts when making decisions, this is not to say that people *consciously* use them. It is not the case, for example, that someone will say to himself, "Well, I've done this for so long now my sense of commitment dictates that I continue!" Nonetheless, whether or not the operation of the principles of persuasion is consciously recognised, the existing evidence indicates that they will be influential.

Thirdly, it is important to realise that the reason people use these shortcuts is because, in most circumstances, they tend to appropriately steer people in the right direction. That is, it is not the case that people are being stupid or making mistakes when they use these decision triggers to guide their choices. They are just so often overwhelmed with information and know subconsciously that these shortcuts have served them well in the past.

Fourthly, because information is sometimes highly relevant to their goals, people may consequently be motivated (although not always able) to deeply process the content of these messages. Indeed, the effectiveness of a message will depend upon a combination of the substance of the message and the way that message is delivered. Thus, the principles discussed are not an alternative to providing people with substantive information but more a vehicle for ensuring important messages are communicated in an impactful and persuasive way that makes communication most effective.



Table 1.0 Principles of Persuasion

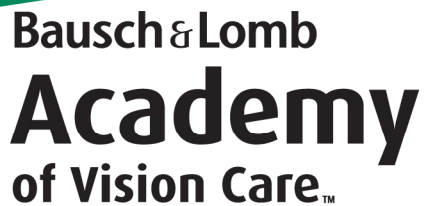
Principle	Definition	Application for Eye Care Practitioners
Social Proof	People look to the behaviour of others for help in making choices.	Point out how other patients in similar circumstances have achieved favourable outcomes by following your advised course of action. Honestly point out the most popular choices made by similar others
Reciprocity	People feel obligated to repay, in kind, what has been given to them first	Be the first to give. Personalise offers by offering them at the time of the current interaction. Use gifts not rewards as a motivator of future compliance
Consistency	People feel strong pressure to be consistent within their own words and actions	Ask people to make commitments rather than inform. Encourage future compliance by asking for small public actions. Reduce future no shows by asking patients to write down appointment times.
Authority	People are persuaded by individuals perceived to be legitimate experts	Make visible the credentials of those who deliver messages including displaying certificates, diplomas and training. Communicate the expertise and experience of staff when handing over patients.
Liking	People prefer to say “yes” to those they like	Point out areas of similarity and give genuine compliments to others. Demonstrate your desire to work and cooperate with patients
Scarcity	People typically overvalue things that are rare, dwindling in availability or difficult to acquire	Highlight what could be lost or potentially lost if an individual fails to take appropriate action or act on your advice. Provide a specific and personal action that can be taken to avoid such loss.



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