

# Experiential value in social marketing: Does this contribute towards consumers' uptake of proactive, preventative health behaviours?

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## Introduction

- ▶ Customer perceived value is concerned with the experiences of consumers using a service
- ▶ Beneficial for social marketing as it allows for an understanding of why consumers engage in positive social behaviours through the use of services
  - E.g. Cancer screening services
- ▶ The use of preventative health services demonstrates the performance of proactive, positive social behaviours that are beneficial to the individual as well as society, fulfilling social marketing aims (Andreasen, 1994)

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## Economic versus Experiential Value

- ▶ Economic approach = traditional approach
  - Considers utility gained and regards value as an outcome of a cost-benefit analysis (Payne & Holt, 1999)
- ▶ Experiential value = new approach
  - Supports the idea that value is situational and can change before, during, or after a service experience (Woodruff, 1997)
- ▶ Consumers may not adopt preventative health behaviours if the experience does not offer value
- ▶ Using an experiential approach allows for the adoption of the role of an “experience stager” rather than “service provider” (Pine & Gilmore, 1999, p.12)

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- ▶ Preventative health services in social marketing must act as “experience stagers” to facilitate experiential value for consumers so they return in the future, sustaining their positive social behaviour.

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## Experiential Value

- ▶ Typology of experiential value – 2 Dimensions  
(based on Holbrook 1994 – Mathwick et al 2001)

1. Motivational source of value
2. Level of Activity (passive or active)

- ▶ We are interested in the activity dimension:

- Voluntary behaviour change relies on motivation and conscientiousness of consumer
  - Assumption: increased activity will facilitate co-creation of value
- Preventative health requires proactive behaviour
  - Assumption: active value will increase consumption of preventative health

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## Active versus Reactive Value

- ▶ Activity dimension of experiential value  
(Holbrook, 2006; Mathwick, Malhotra & Rigdon, 2001)
  - Reactive
    - Passive value
    - Value experienced through “distanced appreciation”
  - Active
    - Participative value
    - Value experienced through heightened collaboration
  - Little current knowledge on how consumers create active value or reactive value in their consumption of preventative health services

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## Research Question & Context

- ▶ RQ: Do consumers exchange value actively or reactively when engaging in the consumption of preventative health services?



- ▶ Context: Breast cancer screening services
  - BreastScreen Queensland
  - Government-provided health service
  - Free of charge
  - Targeted at well-women aged 50 to 69 years

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## Method & Sample

- ▶ Qualitative, individual in-depth interviews with 25 women
- ▶ Selected using purposeful sampling approach (Coyne, 1997)
- ▶ Interview guide used, but not strictly adhered to
- ▶ Interviews were transcribed verbatim, followed by thematic analysis facilitated with Nvivo 8 software
- ▶ Respondents fulfilled eligibility criteria
  - Aged 50–69 years
  - Well-women, i.e. never been diagnosed with breast cancer
  - Have used breast cancer screening services at least once

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## So... do consumers create value actively or reactively?

- ▶ **All** respondents cited instances of reactive value, characterised by “distanced appreciation” of various aspects of the service
- ▶ Many women **require** the service to be the active participant in initiating screening behaviour so that they did not need to be active participants themselves
  - Service to be active participant at the pre-consumption, consumption, and post-consumption stages

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## Reactive value

I always think, “Oh they’re always going to contact me” so I don’t have to. I don’t have to be the one who worries about it. I know they’ll do it for me.

They always send me a letter to say... “you’re due right about this time” ...so I just respond to that

I’m not anxious about the results coming... I don’t sort of think, “Gosh, will I be okay?” No, it’s not that at all

She just tells me how to move myself and how to get myself close... so she’d get a good screen

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## Only some consumers exchange value actively

- ▶ Active value is characterised by **additional effort** expanded in order to have a breast screen
- ▶ Only **some** of the women interviewed indicated instances of active value
  - Women active participants predominantly at pre-consumption stage
  - Requiring effort to remember to organise their appointments

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## Active value

I make time to do it. If it's important enough, you make time to do it... it just depends on how important it is to you and what sort of priority you give it

I'd always ring just to make sure... I like to know and I like to hear confirmation that everything is clear

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## Activity dimension across consumption stages

	<i>Active role</i>	<i>Passive role</i>
<i>Pre-consumption</i>	Both	Consumer
<i>Consumption</i>	Organisation	Consumer
<i>Post-consumption</i>	Organisation	Consumer

Women prefer to be passive, rather than active participants

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## Conclusions & public policy implications

- ▶ RQ: Do consumers create active value or reactive value when engaging in the consumption of preventative health services?
  - Women primarily create reactive value when engaging in breast screening services
- ▶ Do not assume everyone WANTS to actively co-create value
- ▶ Experience staggers such as BSQ must play a more active role in order to create value for the consumers
  - Specifically, effort minimisation strategies
  - Reducing effort required for consumers to engage with the service
  - Offers a more fulfilling experience for consumers as service provision matches consumers' preferred activity level in the exchange

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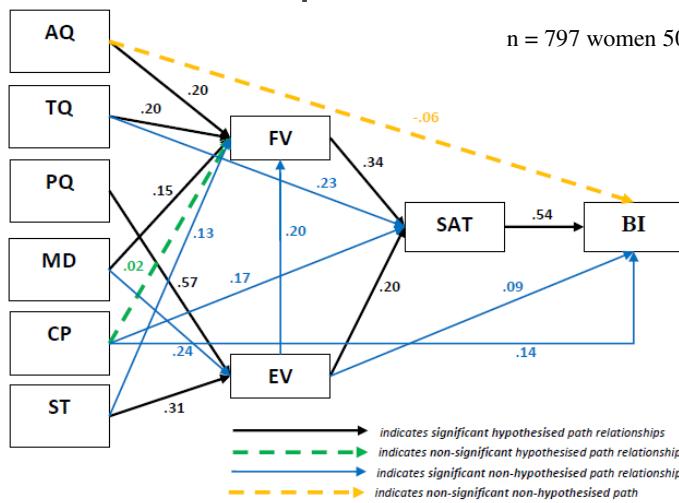
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## P.S. No relationship between co-production and experiential value

n = 797 women 50 – 69 yrs



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