

The use of non-fit messaging may improve patient choices

June 24 2016

When it comes to helping patients make the best choices for themselves, sometimes you have to challenge their usual way of dealing with the world, according to new research published by the Society for Personality and Social Psychology.

Given a choice between hospice care or further treatment, [patients](#) may make decision that fits what they believe they want, but is counter to what they actually want. In an effort to understand how doctors might help patients better understand their options, researchers have tested using non-fit messaging, and found that it helps to reduce certain biases.

"We developed a tool that can help patients and physicians to deal with decisions that provoke strong reactions," says Fridman. "At times, these reactions make patients to choose options that do not match their actual values and long-term goals" (for example see Harrison and Smith 2009, *JAMA*).

"In our research, the participants initially were feeling anxious about a hypothetical medical decision and this negative reaction made them less open to information that could serve their interests," says lead author Ilona Fridman (Columbia Business School). "As an intervention, we thought it would be useful to create a mis-match (non-fit) between the information and their individual motivational orientations to reduce their initial negative reactions toward information."

This intervention strategy is based on a motivational theory by Tory

Higgins, that says that some people, when making decisions or moving toward their goals, consider what losses they could avoid (prevention orientation), while other people think first about what gains they could achieve (promotion orientation) in the same situation. If information matches an individual's need for achieving gains or avoiding losses, then the person "feels right" about the information, which, in turn, enhances their confidence in their judgments. However if information does not match an individuals' need, the person feels that something is "wrong". That in turn lowers their confidence in their judgments and facilitate more thoughtful information processing.

Across five studies participants were asked to imagine receiving upsetting medical news and to think about choosing between additional chemotherapy trials or discontinuing cancer treatment and enroll in hospice care. The studies demonstrated that framing the physician's advice to mismatch how the patient perceived the information improved the participant's evaluation of an initially disliked option.

"Individuals' preferences and choices are influenced by many factors, and often they have objective grounds, such as financial considerations," says Fridman. "At other times, however, preferences can be affected by decision-making biases; for instance, their own positive or negative experiences in the past (availability bias), overestimating the likelihood of positive outcomes (optimism bias), or inaccurate inferences about future states (affective forecasting bias)."

"In our research, we found that in these cases, physicians could use an intervention that helps patients to re-evaluate preferences that were formed by a biasing heuristic," says Fridman.

As the authors note, this is a study with hypothetical scripts. Their next step is to test the proposed intervention in clinical settings to study if it helps patients to make better choices.

"The ultimate goal of the proposed intervention is to ensure that patients make a thoughtful decision that helps them to reach their long-term goals," she summarizes.

Provided by Society for Personality and Social Psychology

Citation: The use of non-fit messaging may improve patient choices (2016, June 24) retrieved 9 April 2024 from

<https://medicalxpress.com/news/2016-06-non-fit-messaging-patient-choices.html>

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