

Psychologists examine how to package health recommendations

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In the world of health care, the phrase "too much information"—or TMI—can be a serious problem. If you Google "How to prevent cancer," for example, you will find list after list of websites claiming to have the winning strategy, with some plans presenting 20-30 steps.

The same situation occurs if one searches for information on quitting smoking, exercising, sleep, and endless other issues. The question becomes this: When does a person receive too much [health](#) information? What's the best way for [health providers](#) to convey information without consumers skipping over or forgetting key information?

According to a new study from the University of Illinois, the answer lies in the goal of a specific health objective. Dolores Albarracin, professor of psychology, graduate student Jack McDonald, and colleagues at other universities studied the behavior of some 459 people to shine light on this topic that challenges health providers.

One school of thought among [health care](#) providers is to give [health information](#) in small doses of two or three [recommendations](#) at once. Others argue that it's best to give patients the entirety of their options, so as to not skip out on something that may prove useful. The Illinois study, published in *Clinical Psychological Science*, asserts that it depends on the nature of the recommendations.

According to the researchers, presenting a large amount of information would be appropriate if the goal would be for people to remember a

large amount of potentially interchangeable behaviors, but if the goal is for people to remember a complete set of important recommendations, then the best strategy should be to present relatively few recommendations.

"The best number of [health behaviors](#) to recommend seems to depend on the goal of an intervention," Albarracin said. "If the goal is to communicate as many recommendations as possible, then go for a long list of behaviors. But if the goal is to implement behaviors, then the best strategy may be to convey a lower number of recommended behaviors."

The researchers, who also included Patrick McDonald at the University of Buffalo and Colleen Hughes at Indiana University-Bloomington (both are former members of Albarracin's research group), came to their conclusion by analyzing the results of experiments in which participants were presented with a list of brief health recommendations (ranging in number from two to 20, with each recommendation being about 33 words long). They were then asked to recall as many recommendations as they could.

Participants were also asked open-ended questions about their intentions to follow the recommendations. Even though more recommendations meant that participants recalled a lower proportion of the total, they recalled and intended to follow more recommendations.

"When multiple health recommendations are necessary, knowing the influence of the number of recommendations on recall and intended compliance is critical," the researchers wrote.

This [information](#) can prove useful in many health fields. For example, psychotherapists who want to change the behavior of their patients in specific ways could assign homework, for example, that addresses one [behavior](#). Other health professionals might give recommendations in

small bursts (perhaps via text messaging) to help maximize the proportion of recalled recommendations while minimizing the costs to a patient.

More information: Jack McDonald et al, Recalling and Intending to Enact Health Recommendations: Optimal Number of Prescribed Behaviors in Multibehavior Messages, *Clinical Psychological Science* (2017). [DOI: 10.1177/2167702617704453](https://doi.org/10.1177/2167702617704453)

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