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Evaluations of care by adults following a denial of an advertisement-related prescription drug request: The role of expectations, symptom severity, and physician communication style

Mansi B. Shah*, John P. Bentley, David J. McCaffrey III

Department of Pharmacy Administration, The University of Mississippi, School of Pharmacy, Faser Hall 211, University, MS 38677, USA

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Abstract

As patients continue to take a more active role in their health care, an understanding of patient requests of health care providers, including what happens when requests are not fulfilled, is becoming more important. Although its merits have been debated, direct-to-consumer advertising of prescription drugs generates patient requests. The objective of this study was to assess the influence of physician communication style, respondents' expectations of receiving a requested prescription, and perceived symptom severity on respondents' evaluations of care following a physician denial of a prescription drug request stimulated by direct-to-consumer advertising. A $2 \times 2 \times 2$, between-subjects experimental design was used. The respondents were made up of employees of the University of Mississippi. Physician communication style, respondents' expectations, and respondents' perceived symptom severity were manipulated using vignettes. Respondents' post-visit evaluations of care were assessed by measuring trust in the physician, visit-based satisfaction with the physician, and commitment toward the physician. Factorial analysis of variance procedures for a three-way design were used to test the hypotheses and assess the research questions. Manipulation checks suggested that the independent variables were appropriately manipulated. No significant first-order or second-order interactions were noted in any of the analyses. Post-visit evaluations of care were significantly associated with physician communication style (a partnership response led to better evaluations of care). There were no significant effects of either prior expectation of request fulfillment or perceived symptom severity. However, non-significant trends in mean scores suggested a potential role of these variables in the evaluation process following request denial. The manner in which a physician communicates with an individual is an important determinant of the evaluation of care following the denial of a request. The results suggest that health care providers attempting to minimize the effect of request denials on patient evaluations should make an effort to involve the patient in the decision-making process.

Keywords: Physician communication style; Patient requests; Patient–physician relationship; Direct-to-consumer advertising; Prescription; Vignette design

*Corresponding author. Tel.: +1 662 915 5948; fax: +1 662 915 5262.

E-mail addresses: mshah@olemiss.edu (M.B. Shah), phjpb@olemiss.edu (J.P. Bentley), davidjm@olemiss.edu (D.J. McCaffrey III).

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Introduction

The last few decades have witnessed the advent of consumerism in health care and a paradigmatic change in the relationship between patients and physicians (Deber, 1994; Emanuel & Emanuel, 1992; Roter, 2000). Patients have started taking a more active interest and role in their healthcare (Reisenwitz & Wimbish, 1997). The availability of health information from many sources has aided consumers who have elected to adopt such a role. One method used in some countries in an attempt to meet the information needs of patients is the promotion of prescription drugs directly to consumers. The use of direct-to-consumer advertising (DTCA) of prescription drugs is an intensely debated topic, labeled by some as "one of the more controversial health care issues to emerge during the past decade" (Weissman et al., 2004).

DTCA is a marketing communication strategy used by the pharmaceutical industry to promote prescription drugs utilizing print media, broadcast media, and/or the Internet. Before the early 1980s, prescription drugs were advertised exclusively to physicians, the "learned intermediaries," who interpreted the complex drug information for the general public (Kessler & Pine, 1990). In the United States, pharmaceutical companies are currently spending an increasing percentage of their promotion dollars on DTCA. In 2001, such advertising accounted for nearly $2.7 billion (IMS Health, 2002). Annual spending on DTCA tripled between 1996 and 2000, with DTCA accounting for about 9% of total promotional spending in 1996 and just under 16% in 2000 (Rosenthal, Berndt, Donohue, Frank, & Epstein, 2002).

Pharmaceutical manufacturers and other proponents argue that prescription drug advertisements directed at consumers have encouraged millions to talk with their physicians about medical conditions or illnesses that they had never discussed before seeing its advertisement (Holmer, 1999). Furthermore, proponents maintain that such advertising leads to consumers who are better informed about health conditions and available treatments (Batchlor & Laouri, 2003; Rosenthal et al., 2002), leading to more productive physician–patient encounters (Kelly, 2004), and possibly better compliance with drug therapy (Batchlor & Laouri, 2003). Finally, there is evidence to suggest that consumers are also requesting prescriptions based on the information that they obtain from these advertisements (Holmer, 1999). Critics suggest that DTCA encourages the inappropriate use of drugs and the use of expensive medications when less expensive alternatives are available (Avorn, 2003; Batchlor & Laouri, 2003; Rosenthal et al., 2002; Weissman et al., 2004). Others have noted that advertisements directed at consumers may be inaccurate or unbalanced (Batchlor & Laouri, 2003; Hollon, 1999), leading to the waste of valuable time during patient–physician interactions (Avorn, 2003; Kravitz, 2000; Rosenthal et al., 2002; Weissman et al., 2003).

While most researchers agree that DTCA has a significant impact on consumer behavior, there are mixed opinions about whether it improves or is detrimental to patient health. Although there is a growing body of research that attempts to evaluate the impact of DTCA on several variables, there is still a lack of empirical evidence concerning the health effects of DTCA and its impact on the health care system (Weissman et al., 2004). Furthermore, there is very little information about how DTCA might influence the patient–physician relationship; especially when advertisement-induced requests are not fulfilled.

Because of legal restrictions regarding the use of DTCA, its impact on health care costs, patient health, and provider–patient communication may not be a worldwide concern. However, the act of a request by a patient of a physician (e.g., for referrals, laboratory procedures, and prescription medications) is not specific to any one country or culture. As the nature of the relationship between patients and physicians continues to evolve from a paternalistic model to one that is more participative, one would expect that requests by patients will increase (Emanuel & Emanuel, 1992; Roter, 2000). Kravitz and colleagues (Kravitz, 2001; Kravitz et al., 2002) have proposed a conceptual model relating the following variables and their determinants: (1) patients' desires, expectations, and requests, (2) physicians' responses, and (3) patients' health and evaluations of care. Although DTCA is not an explicit part of their model, such advertising can be considered a source of acquired knowledge acting as an antecedent to patient expectations in a symptom-based medical interview. Thus, the consequences of a physician's failure to fulfill a patient request induced by DTCA can be examined within the context of the Kravitz model. More importantly, this model suggests that the manner in which a request is rejected by a physician plays an important role in determining patient evaluations. The purpose of this study is to empirically test a part of the Kravitz model, focusing on the process that occurs following a denial of an advertisement-induced patient request. Physician communication style (paternalistic versus partnership style), respondents' expectations of receiving a requested prescription medication, and respondents' perceptions of the severity of the condition were experimentally manipulated to assess their influence on respondents' post-visit evaluations of care.

Literature review, hypotheses, and research objectives

The patient–physician relationship: the role of physician communication style

Several centuries ago, the Royal College of Physicians in London decreed, "Let no physician teach the people