ENCOURAGING PEOPLE to change their attitude towards a health issue is an important part of any health education programme, but people’s values can be particularly resistant to change.

Even when clients are persuaded to change their attitude (for example towards diet, smoking, safer sex) it is often frustrating for nurses to realise that this may not lead to a change in their behaviour.

An understanding of the complex relationship between a person’s knowledge, attitude and behaviour can assist health professionals in realising why clients may continue to behave in a certain way, despite health advice to the contrary.

Indeed, theories of health behaviour, such as the ‘health belief model’ and the theory of ‘reasoned action’, have done much to enrich and inform health promotion efforts. However, health behaviour is complex and the need for additional approaches to promote lifestyle change is evident (Stubblefield 1997). Persuasive communication theory offers specific techniques that can be used successfully within health promotion.

Attitudes

What are attitudes? Attitudes are ‘learned predispositions to respond in a consistently favourable or unfavourable way towards a given object, person or event’ (Fishbein and Ajzen 1975). This definition makes several points. First, we are not born with attitudes, we learn them through experience. Second, attitudes tend to be stable and relatively enduring and, third, they are a means by which we judge things in a positive or negative way.

Attitudes are generally conceptualised as having three component parts. The cognitive element is associated with knowledge, thinking and the processing of information; the affective element is linked to feelings and emotions; and the behavioural element is concerned with actions. It is usual for the three components to be congruent, although the relationship between the three is not straightforward (Baron and Byrne 1987).

How are attitudes changed? A new experience may cause an individual to modify or reject existing attitudes. Alternatively, attitudes may change as a direct result of persuasion, a form of social influence aimed at encouraging people to re-examine specific attitudes and beliefs, and to consider the adoption of new ones. The underlying assumption is that attitude change will promote behaviour change.

The research relating to persuasive communication originates in the fields of media research and social psychology. Initial interest in attitude research was borne out of a concern to understand and control the impact of enemy war propaganda on soldiers and civilians during the Second World War. Hovland et al (1953) and a group of fellow psychologists at Yale University, USA, characterised attitude change as the outcome of persuasive communication.

According to this model, the success of persuasion is determined by certain factors associated with the source of the communication, the message itself, the recipient of the communication, and the channel of communication. Certain aspects of persuasion theory have influenced governmental health campaigns but have rarely been integrated into health promotion efforts at the level of one-to-one patient education, despite their obvious applicability in this context.

Source

Characteristics of the communicator Features of the message sender that are thought to influence the ability to persuade include credibility and attractiveness. A communicator's credibility is a combination of his or her perceived expertise and trustworthiness. Health professionals gain credibility through their professional position and qualifications. However, popular media portrayals of nurses may influence public perception of nurses,
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thus lessening their credibility as health educators.

For example, Kalish and Kalish (1986) undertook a comparative analysis of nurse and doctor characteristics as represented in novels, films and television during the period 1920 to 1980. They found that, compared to their medical colleagues, nurses were consistently found to be less central to the plot, less intelligent, less rational and less likely to value studying and professional achievement. It would appear that if nurses are to be effective health educators, they will need to safeguard their professional identity vigorously.

The attractiveness of the sender may be a combination of his or her physical appeal and power. These characteristics seem to have further weight if the sender is seen as similar in social standing to the audience (Chaiken and Eagly 1976).

Box 1. Comparison of campaigns

<table>
<thead>
<tr>
<th>MEDIA ADVERTISEMENTS</th>
<th>HEALTH EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobilises existing predisposition to act/buy</td>
<td>Tries to counter people’s predisposition to act</td>
</tr>
<tr>
<td>Is about personal gratification</td>
<td>Is about not indulging</td>
</tr>
<tr>
<td>Offers pleasure in the here and now</td>
<td>Is about foregoing present pleasure for future benefits</td>
</tr>
</tbody>
</table>

Tones and Tilford (1995) concluded that media campaigns act not by persuasion so much as by acting as a trigger for action. This is most effective when:
- There is pre-existing audience motivation
- Information is seen as being relevant for ‘people like me’
- The campaign is advocating simple one-off behaviours
- It is supplemented by interpersonal pressure or other enabling factors

Characteristics of the message Does the message appeal to logic or the emotions? There is still a vigorous debate about whether fear-inducing messages are effective or not. It is not difficult to identify health education media campaigns that attempt to provoke a fear response – certainly the early HIV/AIDS campaigns did. Using the health belief model (Becker and Rosenstock 1987), fear appeals usually work by raising perceptions of personal vulnerability.

There is evidence to suggest that high fear appeals can trigger defence mechanisms or the avoidance of further health information, rather than change behaviour. Alternatively, they may produce anxiety in those individuals who absorb the message, without actually encouraging them to take any action. In addition, any attempt to evoke fear raises issues of self-efficacy. Niven (1989) suggests that if emotional appeals are to work, they need to be fairly, but not excessively, strong – individuals must believe they are at risk if they ignore the content of the message, and they must believe that if they heed the advice they will be free from danger.

To take effective action, individuals must know what to do as well as how to do it. Messages that induce fear must be accompanied by clear advice about what to do. This has clear implications for nurses who engage in health education.

Other points about the message include the order of information presentation and the vividness of information. People tend to pay more attention to first person accounts of an experience than to statistical summaries, even when the latter provide the stronger evidence (Stubblefield 1997). In addition, if people are given a lot of information, they tend to recall more easily the information that was given first.

Characteristics of the medium The complexity and presentation of the message was explored by Chaiken and Eagly (1976), who found that complex messages were difficult to follow and recall when presented in a verbal form, but were less so when presented in written form.

As limited comprehension leads to limited persuasion, nurses should ensure that information is as clear and as easy to understand as possible. Complex information is best supported by a written format, which can be reviewed by the client at a later time. This was aptly demonstrated in a study by Lewin et al (1992) who examined the effectiveness of giving information booklets to patients on discharge from hospital after myocardial infarction.

Information within the booklets related to myths surrounding heart attack, managing anxiety and specific advice about diet and exercise. The study found that patients who received the booklet experienced better psychological adjustment, visited the GP less often, and had a lower re-admission rate than the control group who did not have access to such written information.

Characteristics of the recipient (audience/target effects) Early studies tended to focus on the identification of personality characteristics that made people more susceptible to persuasion (such as low self-esteem). More recently, attention has shifted towards cognitive explanations – knowing one’s audience is possibly one of the most important factors to successful persuasion. If the message is tailored, with personal relevance to the target audience, motivation to change is heightened (Weeks 1995).

Similarly, audience participation in the process is likely to increase the possibility of subsequent attitude change, especially if participants recognise
the significance of their own contribution. Weeks (1995) suggested this principle had been aptly demonstrated when school pupils were encouraged to undertake their own health education projects.

**Changes in behaviour**

**Cognitive dissonance theory** Festinger (1957) offered an interesting psychological theory that seeks to explain the complex relationship between attitudes, attitude change and behaviour. He suggests that ‘cognitive dissonance’ is a state of tension that occurs when an individual’s beliefs are at odds with his or her behaviour. For example, individuals who smoke 20 cigarettes a day but believe that smoking seriously damages health are likely to be experiencing cognitive dissonance as their beliefs and behaviour are inconsistent.

Cognitive dissonance is viewed as a motivational state, as individuals are motivated to minimise the discomfort this causes by trying to reduce it by either changing their beliefs or changing their behaviour. This can be achieved in a number of ways. The person can bring change in line with beliefs (stop smoking); change attitude towards it (perhaps seeking out new information to support attitude); or minimise the importance of conflict and disregard health messages.

**The effectiveness of the media**

Particular varieties of media have different capabilities and characteristics, but early optimism that the mass media could induce massive shifts in attitudes and behaviour are now being reappraised.

Gatherer et al (1979) attempted to answer the question, ‘Is health education effective?’ After analysing 49 evaluative studies of mass media campaigns, they concluded that mass media were inferior to individual and group instruction. Box 1 provides a comparison of mass media and health promotion campaigns. Seven out of 11 of their cases demonstrated some changes in knowledge (about 6 per cent and short lasting), two studies demonstrated some attitudinal change in the order of 3 to 6 per cent, although four studies recorded an attitude change in the wrong direction. Twenty out of 30 studies showed some behaviour change, but Gatherer noted that change was most likely where a single specific action was required, for example clinic attendance, rather than a general lifestyle change.

Of course, it is difficult to measure the precise effect of mass media, as they may permeate many aspects of a person’s life inextricably bound up with their attitude and behaviour. It would appear that mass media can be effective in provoking an initial action. Although media publicity brings about these initial responses, on its own it will not lead to permanent lifestyle change.

McCrone and Budd (1981) argue that unrealistic expectations of media effectiveness were due in part to a misunderstanding of how commercial advertising works.

**Conclusion**

The literature appears to suggest that, as a form of social influence, persuasion is more assured when the communicator has personal contact with the recipient (Naidoo and Wills 1994). Mass media can reach large populations, but they rely on passive communication as they can only send a one-way message. They cannot ensure that the intended message has been understood, nor can they interact or debate with the recipients.

Health educators are increasingly aware that the most persuasive mode of communication takes place when there is personal interaction between the communicator and the recipient. Even hugely expensive media campaigns are ineffective if they are not supported by interpersonal influence. Among health professionals, nurses with their unique position have the greatest opportunity to initiate and reinforce patient education. It is suggested that nurses who incorporate the principles of persuasive communication into their practice increase their probability of success in encouraging behaviour change. The persuasive strategies available to nurses range from altering the characteristics of the message source to altering the nature or content of the message itself.

Existing research relating to persuasive communication is mainly limited to media studies and social psychology. Many of these studies draw their research sample from college students, thus limiting the possibility of applying the results generally. Strategies derived from the theory of persuasive communication look promising and need to be systematically researched and evaluated to establish their relevance for nursing practice.

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**Summary**

- Nurses can increase their effectiveness as health educators by integrating strategies from persuasive communication into their health promotion efforts.
- Factors likely to increase persuasiveness of message sender are credibility, expertise and trustworthiness.
- The message is more effective when seen as relevant to the audience and is vivid and personal.
- Verbal information should be simple and clear. More complex information should be supported by a written format.
- Health information, particularly that which induces fear, should be accompanied by practical advice about what to do.
- Patient participation in the health promotion strategy will significantly enhance retention of the message.
- Media campaigns are difficult to evaluate, but can act as a trigger to action. This is more effective when supported by interpersonal pressure.
- The most persuasive form of communication takes place when there is personal interaction between communicator and recipient.