

ADVERTISING AND THE MEDICAL PROFESSION: AN EXPLORATORY STUDY

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ABSTRACT

Practitioners in the legal, accounting, architectural, and medical professions are showing an increasing interest in marketing – particularly in advertising. Some professions such as accounting have already reached finality on whether advertising should be permitted. The medical profession has not given this matter any serious thought and this exploratory study aims to provide some early guidelines by analysing the perceptions of medical practitioners and in particular, the possible implications of lifting advertising restrictions.

The empirical results indicate that physicians realise that patients often do not have adequate information at their disposal before choosing the practitioner of their choice. They do not seem to believe, however, that advertising is a means of overcoming this problem. Specifically, older and more experienced physicians feel that advertising will benefit neither the profession nor the public. It is surmised that the status quo will be maintained for the short and medium term.

OPSOMMING

Lede van die regs-, rekenkundige-, argiteks- en mediese professies toon toenemend belangstelling in bemarkingspraktyke – veral ten opsigte van reklame. Sommige professies soos die rekenkundiges, het reeds die vraagstuk van beperkings op reklame bevredigend aangespreek. Die mediese beroep het die aangeleentheid nog nie ondersoek nie en dié verkennende studie is 'n poging om tentatiewe riglyne in die verband vas te lê. Die primêre doelwit was om te bepaal wat mediese praktisyns se persepsies ten opsigte van die moontlike gevolge van reklame deur die mediese beroep is.

Die empiriese resultate dui daarop dat medici besef dat pasiënte dikwels nie oor voldoende inligting beskik om 'n optimale keuse van 'n geneesheer te maak nie. Tog word daar nie geglo dat reklame die probleem sal kan oplos nie. Ouer en meer ervare geneesheer is veral gekant teen die opheffing van die beperking op reklamepraktyke. Daar kan dus verwag word dat die beperkings nie gou opgehef sal word nie.

Practitioners in the legal, accounting, architecture, engineering and medical professions are displaying an increasing interest in marketing (Kotler and Bloom, 1984). Advertising has been singled out for special attention, particularly the professional association rules forbidding advertising. The debate on advertising restrictions in the professions is unlikely to bypass any single profession. Some professions have reached finality, such as the accountancy profession which is already permitted to advertise. The legal profession, specifically attorneys, are still undecided despite a protracted period of debate. The medical profession, on the other hand, has not given the issue any serious thought, despite indications that the Competition Board is likely to investigate all restrictive practices, including the professions.⁽¹⁾

This exploratory study aims to provide some early guidelines to thought and decision-making pertaining to advertising in the medical profession, by analysing the perceptions of medical practitioners. In particular, their perceptions of the possible implications of lifting advertising restrictions are placed under the spotlight.

ADVERTISING AND THE PROFESSIONS

Ironically, both proponents of lifting advertising restrictions in the professions and those in favour of the status quo be-

lieve it is to the advantage of the consumer. Those in favour of advertising restrictions believe, among others, that it ensures professional services of an acceptable standard, keeps fees as low as possible, as advertising is expensive, and will diminish the professional prestige of the professions.

Those in favour of lifting restrictions argue that such restrictions limit competition among practitioners, to the detriment of consumers. More specifically they believe that restrictions:

- result in higher fees (due to imperfect competition);
- limit information availability and thus the prospective client's search time; and
- prevent the optimal selection of a professional practitioner (again due to incomplete information availability).

In this debate information availability and competition emerge as central themes. The code of conduct under which most professional practitioners function, in essence, boils down not only to self regulation as such but also to shifting the mechanisms of choice and control from the consumer to the practitioner. At the extreme the consumer has little or no information concerning the differential characteristics of the individuals supplying the service or the market prices of such service (Benham and Benham, 1975). There are those who reason that a professional service is of too complicated a nature for an uninformed client to properly judge its quality. In addition, a client cannot determine how much of a professional service to acquire (Siebert, 1984). A medical patient cannot, for instance, decide whether a blood test or X-rays should be taken, necessitating professional knowledge and experience. The

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client thus has no choice but to trust the professional. Self-regulation is thus not only acceptable, but essential, in order to protect the client (Siebert, 1984). Advertising, they believe, will mislead the ignorant and unsuspecting public (Benham and Benham, 1975).

Free marketeers see self-regulation as a means of limiting competition to protect profits and to deny consumers the advantages of competition, such as lower fees and improved service quality. Advertising restrictions, it is believed, limit the flow and availability of information to such an extent that a prospective client cannot assess quality properly. The weak bargaining position of the prospective client forces him to trust the practitioner (Siebert, 1984). Inadequate information also reduces the chances of prospective clients to make an optimal selection of a professional practitioner.

Research which has been done in the field of advertising by physicians has shown that advertising may not be an important source of "pre-purchase" information to potential patients, as some authors seem to suggest (Crane & Lynch, 1988; King & Haefner, 1988). In a study conducted to evaluate consumer attitudes towards advertising in the accounting, legal and medical professions, Hite and Bellizzi (1986) found that although consumers do have a need for additional information about physicians, they (consumers) were more negative towards advertising by physicians than to advertising by attorneys and accountants.

Studies which investigated the attitudes of medical practitioners towards advertising reported very limited support. Darling and Bussom (1977) found that although the dentists they surveyed were mildly positive about advertising in communications with consumers, they did not believe that it was appropriate for their profession. Among others they believe that advertising will harm their professional image and will not benefit consumers in any way. Similar results have been reported by Riecken and Yavas (1984) who have surveyed medical doctors.

OBJECTIVES

The broad objective of this study was to investigate how members of the medical profession view the potential implications if restrictions on advertising are lifted. More specifically an attempt was made to establish:

- whether medical practitioners believe that the public has a need for more information (than what is available at present) pertaining to the services of medical practitioners and whether advertising is a means of satisfying it;
- whether lifting advertising restrictions (and the resultant improved competition) is perceived to be potentially beneficial to the medical profession and the public; and
- whether certain groups of medical practitioners perceive advertising in a more favourable light than others.

METHODOLOGY

The member registration list of the South African Medical and Dental Council served as sampling frame. The eventual sample was stratified to reflect the proportional representation of general medical practitioners, interns, dentists, orthodontists, and academics. The sample size was 500 of which 173 returned usable questionnaires. This represents a response rate of 34,6%. Table 1 provides an exposition of the composition of the respondent group and reveals a fairly equal distribution among the various classifications.

The possible implications of advertising by professional practitioners as documented in the literature (Van Doren & Smith, 1987; King & Haefner, 1988; Crane & Lynch, 1988; Bloom, 1984; Hite & Bellizzi, 1986; Darling & Bussom, 1977; Riecken & Yavas, 1984; Brice & Philips, 1986; Hite & Fraser, 1988; Shimp & Dyer, 1978 and Wheatley, 1983) were incorporated in the questionnaire which served as the measuring instrument in this study. Respondents could indicate their agreement or disagreement to 12 statements on a 5-point Likert-type scale where 5 meant strongly agree and 1 strongly disagree.

TABLE 1
COMPOSITION OF RESPONDENT GROUP

| PERSONAL AND PRACTICE-RELATED CHARACTERISTICS | NUMBER | % OF TOTAL |
|--|--------|------------|
| AGE | | |
| 20-29 | 23 | 13,3 |
| 30-39 | 60 | 34,7 |
| 40-49 | 36 | 20,8 |
| 50-60 | 20 | 11,6 |
| 60+ | 34 | 19,6 |
| | 173 | 100,0 |
| EXPERIENCE IN PRACTICING MEDICINE (YEARS) | | |
| 0-9 | 50 | 28,9 |
| 10-19 | 54 | 31,2 |
| 20-29 | 28 | 16,2 |
| 30-39 | 21 | 12,1 |
| 40+ | 20 | 11,6 |
| | 173 | 100,0 |
| LANGUAGE MEDIUM OF UNIVERSITY ATTENDED | | |
| Predominantly English speaking | 87 | 50,2 |
| Predominantly Afrikaans speaking | 78 | 45,1 |
| Double medium | 2 | 1,1 |
| Other | 6 | 3,6 |
| | 173 | 100,0 |
| SIZE OF PRACTICE (NUMBER OF PARTNERS) | | |
| Only partner | 58 | 33,5 |
| 2 partners | 27 | 15,6 |
| 3 partners | 10 | 5,8 |
| 4+ | 26 | 15,0 |
| Not in private practice | 52 | 30,1 |
| | 173 | 100,0 |
| HOME LANGUAGE | | |
| Afrikaans | 76 | 43,9 |
| English | 90 | 52,0 |
| An African language | 2 | 1,2 |
| Other | 5 | 2,9 |
| | 173 | 100,0 |
| DESCRIPTION OF TITLE | | |
| General practitioner | 64 | 37,0 |
| Dentist | 37 | 21,4 |
| Specialist | 44 | 25,5 |
| Academic | 10 | 5,7 |
| Intern/Trainee | 4 | 2,3 |
| Non-official Clinical Assistant | 14 | 8,1 |
| | 173 | 100,0 |
| GEOGRAPHICAL LOCATION | | |
| Urban area | 136 | 78,6 |
| Rural area | 37 | 21,4 |
| | 173 | 100,0 |

EMPIRICAL FINDINGS

A descriptive analysis of the data

A descriptive analysis of a data set is aimed at summarising the general nature of the study variables (Parasuraman, 1986, p.595). The objective is to give the researcher an overview of the data before more specific analyses are attempted. Table 2 provides some indication of how physicians feel about advertising their services. Statements 1 to 6 suggested that advertising by physicians may have beneficial effects for both the medical profession and patients. These statements were positively phrased ("pro-advertising") and Table 2 reveals that respondents mostly disagreed with them. It suggests that physicians do not believe that advertising will be to the advantage of either themselves or the general public. This finding seems to concur with those reported by Darling and Bussom (1977). Statements 7 to 12 related to possible disadvantages of advertising and were negatively phrased ("anti-advertising"). In view of the responses to questions 1-6 it was expected that respondents would largely agree with the negative statements. Somewhat surprisingly, respondents do not appear to think that the negative implications of advertising are likely to occur. The relatively high percentage of responses in the neutral category (Table 2) suggest that many respondents are uncertain about the likely implications. An appar-

ent contradiction was also reported by Darling and Bussom (1977, p. 66): (while) "... dentists surveyed mildly support the role of advertising in communication to consumers in general, these same dentists, in most cases, reacted quite negatively to questions regarding the use and value of advertising to dentistry". Similar findings emanated from this study confirming the suspicion that respondents are uncertain about the possible implications of advertising. Almost three-quarters of the respondents (71,7%) think that prospective patients do not have enough "pre-purchase" information at their disposal but only 34,7% believe that advertising is an appropriate means of supplying additional information.

TABLE 2
SUMMARY OF RESPONSES TO QUESTIONNAIRE STATEMENTS⁽¹⁾

| | STRONGLY AGREE/ AGREE % | NEUTRAL % | STRONGLY DISAGREE/ DISAGREE % |
|--|-------------------------------|--------------|-------------------------------------|
| V1 Advertising will result in more patients seeking medical attention | 42,7 | 22,0 | 35,3 |
| V2 Advertising will enhance the reputation/prestige of the medical profession | 18,5 | 18,5 | 63,0 |
| V3 Advertising will lead to increased competition among medical practitioners which will improve the quality of medical services | 33,5 | 15,0 | 51,5 |
| V4 Advertising will lead to increased competition among medical practitioners which will result in lower fees | 20,8 | 19,7 | 59,5 |
| V5 Advertising will reduce the time and effort expended by prospective patients to find the 'best' medical practitioner | 15,0 | 18,5 | 66,5 |
| V6 Advertising will allow patients the optimal selection of the "best" medical practitioner | 17,3 | 11,0 | 71,7 |
| V7 Advertising will erode the public's confidence in the medical profession | 29,4 | 24,3 | 46,3 |
| V8 Poorly executed advertising by medical practitioners will result in the loss of patients | 19,1 | 30,6 | 50,3 |
| V9 Increased competition due to advertising will lead to unethical and dishonest behaviour among medical practitioners | 22,5 | 16,8 | 60,7 |
| V10 Advertising will be expensive and patients will pay for it through higher fees | 22,5 | 13,9 | 63,6 |
| V11 Advertising information is likely to only confuse prospective patients | 24,9 | 23,1 | 52,0 |
| V12 Advertising will decrease competition as only well-established practitioners will be able to afford it | 41,6 | 36,4 | 22,0 |

1) The 5-point scale was collapsed by combining strongly agree and agree on the one hand and strongly disagree and disagree on the other hand.

To further investigate responses the means of individual statements as well as the mean of means for the possible advantages of advertising (statements 1-6) and the possible disadvantages of advertising (statements 7-12) were calculated. Table 3 shows that the mean of means for the advantages is 2,48 and for disadvantages 2,64. One would have expected that if respondents believe that the possible advantages of advertising will not materialise that they would also feel that the disadvantages would occur. That is, a bigger discrepancy between the mean of means was expected.

TABLE 3
ARITHMETIC MEAN PER INDIVIDUAL VARIABLE

| | N | MEAN | STD. DEV |
|-----|-----|------|----------|
| V1 | 173 | 3,08 | 1,07 |
| V2 | 173 | 2,27 | 1,17 |
| V3 | 173 | 2,70 | 1,28 |
| V4 | 173 | 2,49 | 1,09 |
| V5 | 173 | 2,24 | 1,03 |
| V6 | 173 | 2,12 | 1,11 |
| V7 | 173 | 2,68 | 1,21 |
| V8 | 173 | 2,57 | 1,03 |
| V9 | 173 | 2,41 | 1,20 |
| V10 | 173 | 2,39 | 1,15 |
| V11 | 173 | 2,59 | 1,08 |
| V12 | 173 | 3,18 | 0,92 |

MEAN OF MEANS, STATEMENTS 1-6 : 2,48
MEAN OF MEANS, STATEMENTS 7-12: 2,64

Factor analysis

To establish whether common factors exist within the original data set, a principal factor analysis was performed on the sample correlation matrix of the original 12 statements. The SAS computer programme (SAS 1988) was used by specifying a promax (oblique) rotation. The results are reported in Table 4 and reveal, as expected, two factors. The first factor could be described as advantages of advertising and explains 41% of the variation in the factor space. The second factor could be described as the disadvantages of advertising and explains 32% of the variation. Table 4 thus suggests that three total scores require further analyses, namely the advantages of advertising (ADVANT), the disadvantages of advertising (DISADV) and TOTAL.

TABLE 4
ROTATED FACTOR PATTERN⁽¹⁾

| | FACTOR 1 | FACTOR 2 |
|--------------------|----------|----------|
| V1 | 0,30 | -0,03 |
| V2 | 0,65 | 0,00 |
| V3 | 0,72 | 0,06 |
| V4 | 0,50 | -0,07 |
| V5 | 0,79 | -0,06 |
| V6 | 0,71 | 0,03 |
| V7 | 0,28 | 0,41 |
| V8 | -0,28 | 0,60 |
| V9 | -0,02 | 0,76 |
| V10 | 0,07 | 0,60 |
| V11 | 0,27 | 0,61 |
| V12 | 0,04 | 0,48 |
| Variance explained | 41% | 32% |

1) Loadings > 0,40 were regarded as significant.

Regression analysis

Based on the factor analysis three dependent variables were identified for use in three separate regression analyses. They are TOTAL (the sum of all 12 variables), ADVANT (the potential advantages of advertising as measured by the first six items) and DISADV (potential disadvantages of advertising as measured by items seven to twelve). The following served as independent variables: age, experience (in years), language orientation of university attended, size of practice (as measured by number of partners), home language, title (e.g. general practitioner, dentist) and area of residence.

In the first regression analysis the total score of all 12 variables served as dependent variable (TOTAL). Table 5 shows that age (p < 0,05) and level of experience in years (p < 0,05) were the only independent variables which exerted a significant influence on the dependent variable. Both older respondents and those who are relatively more experienced appear to be opposed to advertising. The other independent variables (university attended, size of the practice, home language, title and area of residence) did not influence the perceptions of respondents.

TABLE 5
RESULT OF REGRESSION ANALYSIS
DEPENDENT VARIABLE: TOTAL

| Variable | Coefficient | Prob > T |
|------------------------|-------------|---------------------|
| INTERCEPT | 30,03 | 0,0001 |
| AGE 20-29 | 3,54 | 0,1887 |
| 30-39 | 2,11 | 0,2557 |
| 40-49 | 3,81 | 0,0314 ^a |
| 50-59 | -1,32 | 0,5279 |
| 60+ | -8,13 | 0,0200 ^a |
| EXPERIENCE 0-9 | -1,60 | 0,5604 |
| 10-19 | -0,52 | 0,8053 |
| 20-29 | -4,73 | 0,0188 ^a |
| 30-39 | 3,63 | 0,1390 |
| 40+ | 3,22 | 0,3403 |
| UNIV: ENGLISH | 1,17 | 0,3409 |
| AFRIKAANS | -1,18 | 0,3409 |
| PARTNERS: ONLY PARTNER | 1,39 | 0,2515 |
| 2 PARTNERS | -0,22 | 0,8785 |
| 3 PARTNERS | -1,95 | 0,3622 |
| MORE THAN 3 PARTNERS | -0,42 | 0,7776 |
| NOT APPLICABLE | 1,20 | 0,4622 |
| LANGUAGE: AFRIKAANS | 1,63 | 0,1682 |
| ENGLISH | -1,63 | 0,1682 |
| TITLE: GENERAL | -1,08 | 0,4207 |
| DENTIST | 0,83 | 0,5863 |
| SPECIALIST | 1,00 | 0,4442 |
| ACADEMIC/INTERN | -2,00 | 0,3115 |
| OTHER | 1,24 | 0,5585 |
| AREA: URBAN | 0,91 | 0,2635 |
| RURAL | -0,91 | -0,2635 |

a) $p < 0,05$

In the regression analysis reported in Table 6, where the possible advantages of advertising form the dependent variable, a similar trend is revealed: more experienced and older respondents do not seem to think that the advantages of advertising are likely to occur.

TABLE 6
RESULT OF REGRESSION ANALYSIS
DEPENDENT VARIABLE: ADVANTAGES

| Variable | Coefficient | Prob > T |
|------------------------|-------------|---------------------|
| INTERCEPT | 14,83 | 0,0001 |
| AGE 20-29 | 2,37 | 0,1354 |
| 30-39 | 1,40 | 0,2010 |
| 40-49 | 2,45 | 0,0187 ^a |
| 50-59 | -1,21 | 0,3273 |
| 60+ | -5,01 | 0,0150 ^a |
| EXPERIENCE 0-9 | -1,30 | 0,4203 |
| 10-19 | -0,78 | 0,5302 |
| 20-29 | -2,97 | 0,0122 ^a |
| 30-39 | 2,73 | 0,0593 ^b |
| 40+ | 2,33 | 0,2418 |
| UNIV: ENGLISH | 0,43 | 0,5572 |
| AFRIKAANS | -0,43 | 0,5572 |
| PARTNERS: ONLY PARTNER | 0,59 | 0,4039 |
| 2 PARTNERS | 0,57 | 0,4983 |
| 3 PARTNERS | -0,95 | 0,4519 |
| MORE THAN 3 PARTNERS | -0,60 | 0,4997 |
| NOT APPLICABLE | 0,39 | 0,6895 |
| LANGUAGE: AFRIKAANS | 0,72 | 0,3014 |
| ENGLISH | -0,72 | 0,3014 |
| TITLE: GENERAL | -0,42 | 0,5949 |
| DENTIST | 0,81 | 0,3628 |
| SPECIALIST | 0,54 | 0,4850 |
| ACADEMIC/INTERN | -1,72 | 0,1379 |
| OTHER | 0,79 | 0,5287 |
| AREA: URBAN | 0,11 | 0,8222 |
| RURAL | -0,11 | 0,8222 |

a) $p < 0,05$

b) $p < 0,10$

When the potential disadvantages were used as dependent variable no independent variable exerted a significant influence on the dependent variable.⁽²⁾

SUMMARY OF EMPIRICAL FINDINGS

This study has shown that physicians do realise that patients often do not have adequate information at their disposal before choosing the practitioner of their choice. They do not seem to believe, however, that advertising is a method of overcoming this problem. In particular, they do not believe that advertising will assist patients to make an optimal selection of the "best" medical practitioner, nor will advertising enhance the reputation/prestige of the profession. In addition they believe that advertising will be expensive and that patients will have to pay for it through higher fees.

Older and more experienced physicians, in particular, seem to feel that advertising will benefit neither the profession nor the public. Consumer pressure groups pursuing the objective of more freely available information to consumers would have to target older physicians to convince the profession to change the status quo. As the profession is largely controlled by this group, one could expect the situation to remain unchanged for some time.

LIMITATION AND FUTURE RESEARCH

A limitation of this study is that it is an exploratory study. It confined its analysis to the perceptions of physicians with regard to the possible advantages and disadvantages which may result if restrictions on advertising were lifted. Other relevant aspects should be addressed in future studies. The reliability and validity of the instrument used in this extended study should receive attention. This would allow for more rigorous statistical analysis which was not possible in this study.

CONCLUSION

The findings of this study concurs with those reported elsewhere (Riecken & Yavas, 1984), namely that physicians realise that the status quo in respect of limitations placed on them by their professional codes of conduct is less than perfect, but that advertising is an inappropriate means of solving the problem. Physicians do not believe that the predicted advantages of advertising will occur. Consumers are becoming increasingly concerned about the escalating cost of medical care and many believe that restrictions placed on physicians is a contributing factor. One of these restrictions is a prohibition of advertising. This, the free marketers argue, leads to insufficient and inadequate information for consumers to base their selection of a physician. Less than optimal selections are costly, they believe.

The Competition Board has indicated that restrictions placed on professionals will be investigated to determine whether freer competition will influence medical costs and allow consumers to make a more informed choice when purchasing medical services.

The medical profession may have to reconsider its present position on restrictions such as advertising. Being pro-active in this regard will be to the advantage of not only the medical profession, but also to the market it serves.

Notes

- 1) Financial Mail, 5 October, 1990, p. 92.
- 2) This finding is not reported in tabular form.

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