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Inoculating Against Resistance Final Assignment – CAS 828
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# Inoculating Against Resistance

As an advertiser, we must remember that no matter how hard we try to convince our audience to act, there are always risks or barriers in our way. It is important to think through these risks ahead of time to help deliver a solid and persuasive message. I represent the communications department for U.S. Medical Management (USMM), a national healthcare organization that provides in-home medical care to men and women ages 65 and up. This includes, but is not limited to, primary care, laboratory, x-ray, and durable medical equipment.

We are currently in the process of a transition as a standalone organization with 4 different investors. I am working alongside our marketing department to develop these internal and external communications. However, the communications focusing around this transition can cause stakeholders (i.e., patients, partners) to be concerned about the upcoming changes and consider taking their business elsewhere. As a result, we must ensure that the following approaches are in place to help give them peace of mind and want to continue working with us.

## Overcoming Information Asymmetries

One of our biggest focuses is overcoming information asymmetries. As Dr. McAlister states in her lecture regarding Chapter 1 in the Larson text, “Information asymmetry refers to a situation where you've got two parties that have a vested interest in some kind of transaction, and one party always knows more than the other,” (McAlister, 2020). To avoid this, we need to present all the information to avoid them seeking information outside of our organization, which can result in false information that could prevent them from working with our organization to begin with or leaving our organization for a competitor.

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Starting with our patients, USMM likely possesses more information that the current and potential patients. In the case of this transition to new investors, current and potential patients may feel like they are out of the loop and unaware of what is to come. We need to be transparent with our patients and partners. For our patients, we will need to show them that we have great patient care and customer service. We will want to incorporate testimonials and stories to back up our claims.

For our partners, we will need to show them who is involved in the transition, what their organization is all about, and what part they play. We started to bridge the gap by releasing information through our social media channels and news releases. Like an onion, we peel back the layers and help answer questions before they are asked.

We equip our team members with frequently asked questions and answers to ensure synergy in our message. Our new investors believe that we have nothing to hide, so we put everything out there for our consumers to make an educated decision.

**Using Company Representatives vs. Paid Actors**

While it may be compelling to use paid actors to shout us from the rooftops, we really need to focus on our credibility as an organization and be the best representation on behalf of our new investors. As Dr. McAlister states in her lecture regarding Chapter 4-2 in the Larson text, “Credible spokespeople can cite facts and figures and reference their sources,” (McAlister, 2020). Paid actors use scripts to deliver their message and likely haven’t used our services, so it could give the impression that we have something to hide. Having educated and experienced spokespeople to represent our organization helps bring our message full circle in the most transparent method possible.

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As Dr. McAlister states in her lecture regarding Chapter 1-2 in the Larson text, “Multiple studies have shown us that consumers tend to respond well when the person giving them advice appears to be a doctor,” (McAlister, 2020). In the lecture, we are told that physician ratings on products could be skewed to help increases sales. However, in the case of USMM, the Chief Executive Officer (CEO) is in fact a doctor and represents the USMM family of companies. He practices what he preaches. By incorporating that the organization is physician-led and that the information presented is backed by a physician, it could help with credibility. This would be Logos, which is “argument by logic,” (Heinrichs, 2020, Pg. 37). He would be talking about the current state of the organization, specifics of the transition, the timeframe, and what is to come. Charts, statistics, and other logistical information would be present in his portion of the communication. It would have a less warm and fuzzy approach and state the facts.

However, the communication would also include Ethos, where the “benevolent persuader shares everything with his audience—riches, effort, values, and mood,” (Heinrichs, 2020, Pg. 74). He shows himself to have “nothing personal at stake.” The intent is to not come off desperate for growth or retention, just showing that our organization has what you are looking for and that we are truthfully growing in the right direction as a result of this transition. He is speaking openly and honestly. “If you want your audience to make a choice, focus on the future,” (Heinrichs, 2020, pg. 35). He will need to focus less on the present and focus on the future of the organization and the benefits that this transition will offer, mostly for our patients. During company meetings and within internal memos, he always states that our decisions are made with patient care as top of mind. This “patient first” approach will need to be conveyed in our messages.

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“To move people away from their current opinion, you need to make them feel comfortable with you,” (Heinrichs, 2020, pg. 49). To back up the CEO’s claims, we will want feedback from real patients who have been part of the USMM family and have agreed to share their story. They would need to be aware of the direction that the company is going and what services/support will now be offered to them that is an enhancement from what we have already been providing. We will need to include the fact that these patients are “real patients” and “not paid actors.” While they are technically acting in the commercial or printed advertisement, the words are their own and reflect their own experience with USMM. Similar to a review, they could even talk about an experience that may have started off negatively and ended up positively. That provides a more realistic approach that our audience can relate to. Let’s be realistic – no one is perfect.

“Start by changing its mood, then change its mind, then fill it with the desire to act,” (Heinrichs, 2020, pg. 24). While the CEO’s message may have been compelling, current/potential patients and partners are more apt to believe the people who are actually receiving these services. As the heartbeat of our organization, using patient testimonials would be considered Pathos, which is “argument by emotion,” (Heinrichs, 2020, pg. 38). We are pulling on heartstrings by sharing their raw and emotional experiences, especially with the Hospice division which is end-of-life care.

In addition, we would be using Conation as part of the Tri-Component Model. As Dr. McAlister states in her lecture regarding Chapter 4 in the Larson text, “Conative is the likelihood or tendency that an individual will undertake a specific action or behave in a particular way with regard to the attitude object,” (McAlister, 2020). These patients who be sharing their support for our organization by stating that their “doctor is a USMM doctor.”

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The communication would feature information that is easy for the audience to digest (surface level) while still encourages them to learn more. This message as a whole would be considered using the heuristic-systematic model (HSM). “The HSM proposes a systematic processing route that represents a comprehensive treatment of judgement-related information. It is a slow, high-effort reasoning process bearing strong resemblance to the central processing route in the ELM. The other route, the heuristic processing route, is a fast, low-effort process that relies on the activation of judgement rules or heuristics.” Heuristic processing is similar to the peripheral processing route, (Larson, 2013, pg. 98). This will help the audience make a decision on whether or not to act, whether by receiving medical services from our physician network or starting the contracting process.

**Overcoming Financial Risk**

As Dr. McAlister states in her lecture regarding Chapter 14-1 in the Larson text, “This is really just worrying that if I buy this thing I won't be able to afford it,” (McAlister, 2016). In the case of our patients, the concern will be if they can afford to continue or start receiving care from our family of companies. For our partners, the concern will be if we will still honor contracts and agreed upon pricing. The long and short will be “is this going to be more expensive or would I be better off just going to the hospital?”

In-home, dedicated physician care could sound very expensive to the outside world and without the right plans in place, out of pocket costs could be substantial. We would need to ensure that our stakeholders (patients and partners) are given peace of mind. If there are changes, they need to be aware of them right away. This is kind of like ripping away a Band-Aid. If the changes do not affect their out of pocket or contractual costs, we need to state that we will continue to operate business as usual. If the changes do affect their out of pocket or contractual

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costs, we would need to state what they are receiving that is an enhancement. People are more apt to pay a little more if they are getting more for their money.

In the case of our organization, the costs will remain the same and we will continue to honor previous contracts to avoid an increase in the near future. This reassurance will help them feel more confident in the transition and our plans for growth.

**Overcoming Time Risk**

As Dr. McAlister states in her lecture regarding Chapter 14-1 in the Larson text, “Where I'm interested in making purchases, but I decide not to because I'm concerned about the amount of time involved,” (McAlister, 2016). While we covered cost earlier under financial risk, for many of our patients and partners, time is considered money. For our patients, it could be if they will experience any delays as a result of the transition. Will there be a delay is receiving physician referrals, lab work results, etc.? For our partners, it could be if they have any concerns with the time it will take to roll out some of the new enhancements we promised in the communications. To help alleviate some of this stress and concern, we would need to notify our patients and partners that we plan to roll out any changes in stages. This will prevent any delays for our patients and allow our partners to get a flavor of what is to come for USMM and our family of companies.

**Overcoming Physical Risk**

As Dr. McAlister states in her lecture regarding Chapter 14-1 in the Larson text, “The idea that if I buy this product it might harm my body and some way,” (McAlister, 2016). You hear all the time that regardless of how long it takes or how much it costs, if risk is still present, it is really worth it? For example, if our organization decides to expand on our services and bring in new methods to perform our tasks, could they cause harm to the patient? For example, could

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our new equipment cause a form of cancer or other deadly disease? While it may sound strange, it has been mentioned before. For our potential patients, just the idea of continuing services in the home could give them the impression that we aren't equipped in the case of an emergency like a traditional hospital is. For example, "hospitals are equipped for emergencies that affect my health and wellbeing, how can I ensure that USMM is ready to act?" This could also be considered a psychological risk, which is defined in Dr. McAlister's Chapter 14-1 lecture regarding the Larson text as "the perception that this purchase will lead to some sort of negative emotions not necessarily inducing a mental illness like depression but maybe just leading me to feel guilty or disappointed or sad or anxious." (McAlister, 2016). To help give people of mind, we would need to use inductive reasoning, which is "taking specific cases and using them to prove a premise or conclusion," (Heinrichs, 2020, pg. 139). This is where we would state what new equipment we have been using and how it has been tested for safety and security. We would talk about scenarios where we were equipped to act in the case of an emergency. While we aren't able to perform surgeries in the home, we are equipped to prepare you for a ride to the hospital until you can safely return home and resume services with our organization. By having a dedicated physician and team, they aren't waiting for a response from 9-1-1. Just one call to our team and we act immediately to get them the care they need. The long and short is that your safety is always in mind and everything we do is focused on patients first.

In conclusion, we need to focus on patient/partner concerns for financial, time and physical risks while keeping them educated by credible sources in order to ensure that they feel confident to receive services from and work with our organization. As we continue through the process of transitioning, we need to keep our eyes and ears to ways that stakeholders could resist our messaging and overcome those barriers.

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No matter how attractive we think we make our organization and its future appear, consumers can always find a reason to be turned off. As a result, we need to be ahead of the curve and show them that we are listening before they even have to say a word.

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