

AN EMPIRICAL ANALYSIS OF CONSUMERS' ATTITUDES TOWARD PHYSICIANS' ADVERTISING

H. Ronald Moser, Cumberland University
rmoser@cumberland.edu

Gordon L. Freeman, Jr., Middle Tennessee State University
gfreeman@mtsu.edu

ABSTRACT

Advertising by physicians is a relatively recent phenomenon. Historically, most professions prohibited licensed members from engaging in speech activities that proposed a commercial transaction—advertising. However, the history of a physician's legal right to advertise is not the main focus of this article. A brief review of the past, present, and possible future of such rights might assist readers in understanding the revolutionary constitutional and commercial speech changes that have occurred over the past three decades. A physician's legal right to advertise has developed as part of the evolutionary interpretation of the First Amendment of the U.S. Constitution. The purposes of this study were to determine (a) consumers' attitudes toward advertising by physicians and (b) whether age, race, marital status, and sex of the consumer accounted for any significant difference in attitude toward physicians who advertise. The intent was to discover information that would be useful to physicians in planning marketing strategies and improving the quality of their advertising. The study seems to confirm the belief of many marketing professionals that advertising and marketing clearly have a place in the future of health care services.

INTRODUCTION

For the health professions, marketing has traditionally been a controversial issue, and the notion of using advertising to promote a professional's practice is relatively new. However, according to Rizzo and Zeckhauser (1992), physicians' advertising has increased dramatically during the past decade, and this trend seems likely to continue (Rizzo & Zeckhauser, 1992; Moser, 2008). Many professionals find themselves ill equipped to handle the dynamics of a changing environment, especially without some form of ongoing marketing plan. Most professional societies and associations have prohibited the marketing of their services (Lee, 2002; Carabello, 2003; Altman, 2003; Johns Hopkins, 2013). A study conducted by Allen, Wright, and Raho of 2,000 physicians in Kentucky found strong sentiments against their advertising. These physicians believed that advertising would have an adverse effect on the image of the profession in general and no impact on competitive price reduction (Allen, Wright, & Raho 1985; Duffus, 1990). Also,

a survey conducted by Wright, Raho, and Berkowitz concludes that advertising and marketing are controversial topics among health care professionals. The study further states that the opinion of the evils of advertising is no longer present. Physicians are increasingly recognizing themselves as a business. The study also states the fear that advertising would lead to fraud and hucksterism has not materialized. The chance of false advertising is beginning to be remote in a modern society in which such practices would not be tolerated by consumers, other physicians, or other health care professionals (Wright, Raho, & Berkowitz, 1989). However, in a study conducted by Stevens, McConkey, and Loudon in 1990 of marketing professionals in a southern metropolitan area, very strong sentiments against their advertising were noted. The results indicated that physicians were concerned advertising would impair public confidence in the profession, not be credible, not help a patient make more informed decisions, and not help patients choose the most competent physician for a specific problem (Stevens, McConkey, & Loudon, 1990).

In 1975, the Federal Trade Commission (FTC) began an investigation into anticompetitive practices in the health care profession (*American Medical Association v. FTC*, 1980-1982). A Federal Trade Commission (FTC) administrative law judge issued a decision that the American Medical Association (AMA) had caused substantial injury to the public by restricting advertising and other business practices of physicians. The decision says there is no doubt that the AMA had made substantial contributions toward improving the nation's health care, but its restriction on advertising "served to deprive consumers of the free flow of information about the availability of health care services," had deterred "the offering of innovative forms of health care," and had "stifled the use of almost every type of health care delivery that would potentially pose a threat to the incomes of fee-for-service physicians in private practice" (FTC Judge, 1978, p. 4). Consumers can experience advertising by professionals through a variety of media including television, radio, newspapers, billboards, telephone, direct mail, professional magazines, and popular magazines (Gadish, 2008).

Alfred F. Dougherty, Jr., deputy director of the FTC's Bureau of Competition, said the trade commission complaint against the AMA was not designed to force physicians to advertise. All the commission desired was to change the AMA's code of ethics to permit enough advertising to give patients "a decisional basis for selecting one doctor as opposed to another" (Nicholson, 1976, p. 63).

PURPOSE OF THE STUDY

During the past several years, physicians have become highly competitive in marketing their services to the public. It has become common to see physicians advertising their services via a number of media. The purposes of this study were to determine (a) consumers' attitudes toward advertising by physicians and (b) whether age, race, marital status, and sex of the consumer accounted for any significant difference in attitude toward physicians who advertise. The intent of this study was to discover information that would be useful to physicians in planning marketing strategies and improving the quality of their advertising. The results of this study may be useful to physicians and other professional providers who want to create more effective

promotional strategies and could also provide numerous consulting and employment opportunities for people with promotional expertise, including academicians as well as advertising and public relations firms (Freeman and Moser, 2009).

BACKGROUND AND GENERAL RESEARCH QUESTIONS

During the past 30 years, practices of health care professionals have undergone many changes. Consumers are becoming more involved in their own health care, seeking the type of drugs or pharmaceutical products that best meet their needs, and are willing to take more responsibility for obtaining adequate information for treatments than in the past (Paul, 1988; Berndt, Bui, Reiley, & Urban, 1995; Handlin, Mosca, Forgione, & Pitta, 2003). Another change is the frequent use of advertising. Today it is fairly common in most parts of the country for people to see one of the many thousands of physicians' advertisements shown on television every day, receive a spam e-mail advertisement from a physician, view one of the many hundreds of physicians' ads in the yellow pages of the telephone book, or even see some of the hundreds of highway billboards promoting a hospital's or physician's services that are permitted in some areas of the nation (Endresen & Wintz, 2002; Carabello, 2003). A marketing budget has become critical for most medical practices. Many health care and legal professionals now use marketing consulting firms or have their own internal marketing/advertising committees (Sahl, 2003; Gadish, 2009).

While the attitude of health care professionals toward advertising is mixed and the attitude of most state regulators has generally been negative, the attitude of consumers has historically been fairly positive (Yasny, 1988; Hekmat & Heischmidt, 1991; Moser, 2008). Today professional advertising has become commonplace, and there have been many studies by professional associations and academicians designed to measure consumers' and health care providers' attitudes toward advertising. A study conducted by Leventhal (1995) concluded that opposition to physicians' advertising appears to center on ethical issues, whereas arguments favoring advertising focus on information needs, economic and competitive issues, and the right to advertise (Leventhal, 1995; IFPMA, 2014). The results of a study conducted by Moncrief and Bush (1988) revealed consumers felt advertising by professionals was somewhat helpful in making a decision about health care providers (Moncrief & Bush, 1988; Pickett, Grove, & Ratcliff, 1992).

Whether advertising by physicians attracts patients, the main concern of practicing healthcare professionals, has been the focus of several academic studies (Arora, 2002; Bernstein & Gauthier, 1999; Lubalin & Harris-Kojetic, 1999). The answer has been a definite "yes." These studies show most physicians who advertise will likely see an increase in the number of middle- to lower-income patients. Physicians who advertise discover quickly that advertising is usually very expensive but works if done properly and ethically. One study found the return on dollars invested by professionals in advertising was four to six times the cost (Freedman, 2001).

The above discussion shows that professional advertising usually works, produces an increase in patient flow, yields a good return on physicians' advertising dollars, and is protected by the First

Amendment. It shows that historically consumers have not always had a positive view of physicians who advertise but believe physicians' advertisements provide useful information. This study includes items that explore opinions regarding the informational function of, importance of price in, deception in, future of, and appropriate media for physicians' advertising. Specifically, the study examines attitudes concerning whether physician advertising would (1) provide useful information to the public, (2) increase the costs of physicians' services, (3) improve the quality of physicians' services in the future, (4) help consumers make more intelligent choices between physicians, (5) tend to lower the credibility and dignity of their services, and (6) make the public more aware of the qualifications of physicians.

PROCEDURE

Much of the initial planning of this study was based on Hite's study at the University of Arkansas (Hite, 1982). The Hite study indicated that advertising and marketing can be advantageous to health care professionals. Most health care professionals will generally find that consumers are aware of their advertising and appreciate the information that is communicated to them through advertisements. Hite suggested the health care professional who researches his or her target market and its significant attitudes is likely to enjoy a competitive advantage over the competition. Acknowledgement is given to Hite's research instrument as well as to the instrument of Miller and Waller (1979), which served as bases for the questionnaire in the current study. Also, acknowledgment is given to the organization and writing style of Hite's study, which served as a model for this paper.

The first section of the questionnaire concerned demographic characteristics of the respondents including city of residence, occupation, age, sex, race, marital status, number of children in household, total family household income, and education. The second section included 19 statements designed to measure how favorably consumers perceived advertising by physicians. The respondents were asked to answer Likert-type questions regarding the strength of their agreement on a scale ranging from "strongly agree" to "strongly disagree." Tables 1 through 5 contain these 19 statements.

RESEARCH METHOD

The researchers asked the Marketing System Group to draw a random sample of 4,000 individuals from the 10 metropolitan statistical areas (MSAs) in Tennessee: Memphis, Nashville, Clarksville, Chattanooga, Cleveland, Knoxville, Jackson, Morristown, Kingsport-Bristol, and Johnson City. Appropriate numbers from each MSA were drawn according to the ratio of each MSA's population to the total population of all 10 urban areas. The research instrument was mailed to these individuals, and 424 usable questionnaires were received and used in this study. This sample of 424 respondents represents a subset of the United States, more specifically a subset of the residents of the state of Tennessee.

STATISTICAL TEST

The data obtained from the 424 respondents via the research instrument were analyzed by tabulating the frequency percentages for each item on the questionnaire. Cross-tabulations were then performed between the demographic factors (city of residence, occupation, age, sex, race, marital status, number of children in household, total family household income, and education) and the 19 attitudinal statements in Section 11 of the questionnaire. Chi-square tests were then performed to detect any significant differences between the cross-tabulations. In general, the chi-square analysis is employed when researchers want to determine whether there is an association between two or more populations or variables on some characteristics being studied.

The significance level is the point at which a relationship is significant. This value lies between 0.0 and 1.0. Values closer to zero have greater significance. A level of significance of 0.05 means that a conclusion is correct between 95 and 99 percent of the time. Chi-square probability of 0.05 is commonly used by social scientists doing business research (Lind, Marchal, & Wathen, 2005). The level of significance for all statistical tests for this study was set at 0.05.

FINDINGS

The data obtained from the 424 respondents via the research instrument were analyzed by tabulating the frequency percentages for each item on the questionnaire.

Consumer Attitudes toward Advertising of Physicians' Services

The percentages given in Table 1 illustrate the distribution of consumer responses to five statements in the questionnaire about physicians with respect to advertising. With regard to consumers' present image of physicians (statement 9), 68.2 percent agreed they presently have a high image of physicians, 20.0 percent had no opinion, and 11.8 percent did not have a high image. In general, consumers indicated a somewhat favorable image of physicians. In response to statement 10, opinions were rather mixed. More than 24 percent of consumers agreed their opinion of physicians would be lowered as a result of advertising, 46.7 percent disagreed (6.4 percent strongly disagreed), and 28.8 percent had no opinion. The percentage of respondents who agreed it is proper for physicians to advertise was 50.7 (statement 4), while 19.8 percent disagreed. Further, 26.9 percent agreed with statement 15 that advertising would lower the credibility and dignity of physicians' services. However, 49.3 percent of respondents disagreed.

Table 1
FREQUENCY PERCENTAGES OF CONSUMER RESPONSES TOWARD ATTITUDE
STATEMENTS (IN PERCENT) ABOUT PHYSICIANS

Statement	Agree	Strongly Agree	Undecided	Disagree	Strongly Disagree
4. It is proper for physicians to advertise.	41.7	9.0	29.5	17.7	2.1
9. I presently have a high image of physicians.	54.0	14.2	20.0	10.4	1.4
10. In general, my image of physicians would be lower as a result of advertising.	21.2	3.3	28.8	40.3	6.4
15. Advertising by physicians would tend to lower the credibility and dignity of their services.	23.6	3.3	23.6	43.4	5.9
19. I would use the services (if needed) of physicians who advertise.	58.0	8.5	21.5	9.7	2.4

Finally, when asked (statement 19) if they would use the services of physicians who advertise, 66.5 percent expressed agreement, while only 12.1 percent said they would not use these services. These results indicate consumers' image of physicians generally does not suffer as a result of advertising.

Information Function of Advertising Physicians' Services

The percentages given in Table 2 illustrate the importance of information in physicians' advertising and show opinions are somewhat mixed in this area. The results show 68.6 percent of respondents agreed while 15.4 percent disagreed with statement 1 that the public would be provided useful information through advertising by physicians. Also, 74.5 percent felt physicians' advertising would be a useful means of informing potential patients about services and specialties (statement 5), while only 12.2 percent disagreed, and 65.8 percent agreed with statement 16 that advertising makes the public more aware of the qualifications of physicians. Finally, 50.3 percent agreed advertising would help consumers make more intelligent choices between physicians (statement 11), while 25.9 percent disagreed.

Table 2
FREQUENCY PERCENTAGES OF PUBLIC'S RESPONSES TO ATTITUDE STATEMENTS (IN PERCENT) ABOUT THE INFORMATIONAL ASPECT OF PHYSICIANS' ADVERTISING

Statement	Agree	Strongly Agree	Undecided	Disagree	Strongly Disagree
1. The public would be provided useful information through advertising by physicians.	56.1	12.5	16.0	13.7	1.7
5. Advertising by physicians would be a useful means of informing potential clients about services and specialties.	58.5	16.0	13.2	9.4	2.8
11. Advertising would help the public make more intelligent choices among physicians.	42.0	8.3	23.8	24.5	1.4
16. Advertising makes the public more aware of the qualifications of physicians.	55.4	10.4	14.4	17.7	2.1

Importance of Price in Advertising Physicians' Services

The percentages given in Table 3 illustrate the importance of price in physicians' advertising.

Table 3
FREQUENCY PERCENTAGES OF PUBLIC'S RESPONSES TO ATTITUDE STATEMENTS (IN PERCENT) ABOUT THE IMPORTANCE OF PRICE IN ADVERTISING PHYSICIANS' SERVICES

Statement	Agree	Strongly Agree	Undecided	Disagree	Strongly Disagree
2. When physicians advertise, the costs are passed on to their clients through higher prices.	44.3	15.8	20.5	16.5	2.6
7. It is good to deal with physicians who offer the lowest prices for routine services.	23.1	6.4	23.8	38.2	8.5
13. When physicians advertise, prices are lowered due to more competition.	20.8	4.0	28.5	39.9	6.8
18. It is better to deal with reputable physicians than with one who offers the lowest prices.	47.2	31.4	13.7	6.8	0.9

In response to statement 7 that it is good to deal with physicians who offer the lowest price for routine services, 46.7 percent disagreed, 23.8 percent were undecided, and 29.5 percent agreed. However, 78.6 percent agreed it is better to deal with a reputable physician than one who offers the lowest price (statement 18). With regard to statement 13, 46.7 percent of respondents disagreed that physicians' advertising lowers prices due to more competition. Consumers believed (60.1 percent) that prices were increased rather than lowered because of the costs of advertising (statement 2). It would appear the primary benefit of physician advertising is not the communication of price but information regarding health care services. Respondents also indicated the reputation, image, and qualifications of the physician are more important than specific price information.

Deception in Advertising Physicians' Services

The percentages given in Table 4 illustrate the distribution of consumer responses to statements in the questionnaire concerning deception in advertising physicians' services. In response to statement 6 that advertising by physicians would be more deceptive than other forms of advertising, 44.4 percent expressed disagreement, while 29.9 percent agreed. Also, 51.8 percent of respondents disagreed with statement 12 that they would be suspicious of physicians who advertise.

Table 4
FREQUENCY PERCENTAGES OF PUBLIC RESPONSES TO ATTITUDE
STATEMENTS (IN PERCENT) ABOUT DECEPTION IN
PHYSICIANS' ADVERTISING

Statement	Agree	Strongly Agree	Undecided	Disagree	Strongly Disagree
6. Advertising by physicians would be more deceptive than other forms of advertising.	25.9	4.0	25.7	37.3	7.1
8. You generally can rely more on what a friend tells you about physicians than on advertising.	51.2	23.1	15.1	8.3	2.4
12. I would be suspicious of physicians who advertise.	22.4	4.7	21.5	43.4	8.0
17. Advertising by physicians would benefit the uninformed citizenry.	56.1	8.7	17.2	15.8	2.1

Finally, 64.8 percent agreed with statement 17 that advertising by physicians would primarily benefit quacks and incompetents. However, consumers agreed (74.3 percent) with statement 8

that people can rely more on what friends tell them about physicians than on advertising, although a recent study of 4,531 adult consumers found that 57 percent who receive healthcare information do so through the Internet, compared to 53 percent who receive information from friends and family (McKillen, 2002). The responses indicate consumers feel the image or reputation of physicians is more important than specific price information. These results indicate that, in general, consumers do not view physician advertising as being more deceptive than other forms of advertising.

The Future of Physicians' Advertising

The percentages given in Table 5 illustrate the public's responses to statements in the questionnaire concerning the public's attitudes toward the future of physicians' advertising. When asked whether they would like to see more advertising by physicians (statement 14), 39.4 percent of respondents were undecided, 32.0 percent disagreed, and 28.5 percent agreed. In addition, a majority of respondents (40.8 percent versus 32.1 percent) did not feel advertising would increase the quality of physicians' services in the future (statement 3).

Table 5
FREQUENCY PERCENTAGES OF PUBLIC'S RESPONSES TO ATTITUDE STATEMENTS (IN PERCENT) ABOUT THE FUTURE OF PHYSICIANS' ADVERTISING

Statement	Agree	Strongly Agree	Undecided	Disagree	Strongly Disagree
3. Advertising will increase the quality of physicians' services in the future.	25.0	7.1	27.2	35.8	5.0
14. I would like to see more advertising by physicians.	25.7	2.8	39.4	25.9	6.1

Impact of Demographic Characteristics on Consumers' Attitudes

Significant differences in consumers' attitudes were found with regard to age, race, marital status, and sex. Since the cross-tabulations of income, education, occupation, and number of children in household were not significant for any of the 19 statements, it appears the perceptions/attitudes within these demographics toward physicians' advertising are similar to the responses for all respondents. Findings follow for cross-tabulations for age, race, marital status, and sex for all statements where significant differences (.05 level) in attitudes were found.

Age of Consumers and Advertising by Physicians

The sample of 424 respondents was divided by age into two groups: consumers under 46 and consumers 46 and older. Table 6 shows the significant differences between the attitudes of respondents with regard to advertising by physicians. Significant differences in consumers' attitudes were found regarding statement 1 that the public would be provided useful information through advertising by physicians: of younger respondents, 76.3 percent agreed and 9.3 percent disagreed; of older respondents, 71.1 percent agreed, and 3.1 percent disagreed. Significant differences in consumers' attitudes were found regarding statement 5 that advertising by physicians would be a useful means of informing potential patients about services and specialties: of older respondents 88.8 percent agreed and 1.9 percent disagreed; 80.4 percent of younger respondents agreed, while 8.91 percent disagreed. Significant differences in consumers' attitudes were found regarding statement 7 that it is good to deal with physicians who offer the lowest prices for routine services: of younger respondents, 46.3 percent disagreed and 35.2 percent agreed; of older respondents, 45.6 percent disagreed, and 25.6 percent agreed.

Table 6
DIFFERENCES IN CONSUMERS' ATTITUDES TOWARD ADVERTISING BY
PHYSICIANS BASED ON AGE

Statement Age	Attitude Response			Significance Overall Chi Square Probability
	Agree or Strongly Agree	Undecided	Disagree or Strongly Disagree	
1. The public would be provided useful information through advertising by physicians.				
Younger	206 (76.3)*	39 (14.4)	126 (09.3)	0.032
Older	136 (71.1)	19 (11.9)	5 (03.1)	
5. Advertising by physicians would be a useful means of informing potential patients about services and specialties.				
Younger	217 (80.4)	29 (10.7)	24 (08.9)	0.012
Older	142 (88.8)	15 (09.4)	3 (01.9)	
7. It is good to deal with physicians who offer the lowest prices for routine services.				
Younger	95 (35.2)	50 (18.5)	125 (46.3)	0.002
Older	41 (25.6)	46 (28.7)	73 (45.6)	
9. I presently have a high image of physicians.				
Younger	141 (52.2)	63 (23.3)	66 (24.4)	0.010
Older	66 (41.2)	59 (36.9)	35 (21.9)	
15. Advertising by physicians would tend to lower the credibility and dignity of their services.				
Younger	65 (24.1)	45 (16.7)	160 (59.3)	0.011
Older	20 (12.5)	26 (16.2)	114 (71.2)	

* Parentheses indicate row percentages

Significant differences in consumers' attitudes were found regarding statement 9 ("I presently have a high image of physicians"); of younger respondents, 52.2 percent agreed and 24.2 percent disagreed; of older respondents, 41.2 percent agreed and 21.9 percent disagreed. A study by Yavas and Riecken in 2001 reported that attitudes toward professional advertising are not consistent or homogeneous across consumer and the health care segment. They also reported that younger consumers hold more positive attitudes toward advertising by health care professionals than their older counterparts (Yavas & Riecken, 2001). Significant differences in consumers' attitudes were found regarding statement 15 that advertising by physicians would tend to lower the credibility and dignity of their services: of younger respondents, 46.3 percent disagreed and 35.2 percent agreed; of older respondents, 45.6 percent disagreed and 25.6 percent agreed.

Race of Consumers and Advertising by Physicians

Table 7 shows the significant differences between the attitudes of the 424 respondents. The sample was divided into two groups: white and nonwhite. Table 7 shows the seven areas of disagreement between the two groups on their overall opinion. Both the nonwhite group (69.9 percent) and the white group (52.3 percent) agreed with statement 3 that advertising will increase the quality of physicians' services in the future. Both groups agreed with statement 5 (86.2 percent for the white group) and (74.8 percent for the nonwhite) that advertising by physicians would be a useful means of informing potential patients about services and specialties. More of the white group (48.9 percent) disagreed with statement 7 that it is good to deal with physicians who offer the lowest prices for routine services, while 45.6 percent of the nonwhite group agreed. More of the nonwhite group (45.6 percent) agreed with statement 13 that when physicians advertise, prices are lowered due to more competition, while 37.3 percent of the white group disagreed. Both the nonwhite (54.4 percent) and white group (41.6 percent) agreed with statement 14 that they would like to see more advertising by physicians. A rather large percentage of the white group (79.2) agreed with statement 16 that advertising makes the public more aware of the qualifications of physicians, while the nonwhite group also agreed (68.9 percent). A large percentage of both groups also agreed with statement 18 that it is better to deal with a reputable physician than one who offers the lowest prices, with the white group agreeing more strongly (75.2 percent) than the nonwhite group (61.2 percent).

Table 7
DIFFERENCES IN CONSUMERS' ATTITUDES TOWARD ADVERTISING BY
PHYSICIANS BASED ON RACE

Statement Race	Attitude Response			Significance Overall Chi Square Probability
	Agree or Strongly Agree	Undecided	Disagree or Strongly Disagree	
3. Advertising will increase the quality of physician's services in the future.				
White	171 (52.3)*	70 (21.4)	89 (26.3)	0.007
Nonwhite	72 (69.9)	13 (12.6)	18 (17.5)	
5. Advertising by physicians would be a useful means of informing potential patients about services and specialties.				
White	282 (86.2)	26 (08.0)	19 (05.8)	0.013
Nonwhite	77 (74.8)	18 (17.5)	8 (07.8)	
7. It is good to deal with physicians who offer the lowest prices for routine services.				
White	89 (27.2)	78 (23.9)	160 (48.9)	0.002
Nonwhite	47 (45.6)	18 (17.5)	38 (36.9)	
13. When physicians advertise, prices are lowered due to more competition.				
White	96 (29.4)	109 (33.3)	122 (37.3)	0.002
Nonwhite	47 (45.6)	35 (34.0)	21 (20.4)	
14. I would like to see more advertising by physicians.				
White	136 (41.6)	119 (36.4)	72 (22.0)	0.043
Nonwhite	56 (54.4)	25 (24.3)	22 (21.4)	
16. Advertising makes the public more aware of the qualifications of physicians.				
White	259 (79.2)	22 (06.7)	46 (14.1)	0.003
Nonwhite	71 (68.9)	21 (20.4)	11 (10.7)	
18. It is better to deal with reputable physicians than one who offers the lowest price.				
White	246 (75.2)	43 (13.1)	38 (11.6)	0.016
Nonwhite	63 (61.2)	24 (23.3)	16 (15.5)	

* Parentheses indicate row percentages

Income of Consumers and Advertising by Physicians

The sample was divided into three groups based on the level of annual household income: families earning \$30,000 or less, families earning \$30,001 to \$60,000, and families earning more than \$60,000. As Table 8 indicates, three areas were found in which a significant difference existed between the attitudes of the three groups. The overall opinion of the three statements was the same. More of the high and middle-income group than the low-income group agreed with statement 5 that advertising by physicians would be a useful means of informing potential patients about services and specialties. More of the high and lower-income group than the middle-income group disagreed with statement 12 (“I would be suspicious of physicians who advertise”). More of the high and middle-income group than the low-income group disagreed with statement 15 that advertising by physicians would tend to lower the credibility and dignity of the services offered.

Table 8
DIFFERENCES IN CONSUMER ATTITUDES TOWARD ADVERTISING BY
PHYSICIANS BASED ON INCOME

Statement Income	Attitude Response			Significance Overall Chi Square Probability
	Agree or Strongly Agree	Undecided	Disagree or Strongly Disagree	
5. Advertising by physicians would be a useful means of informing potential patients about services and specialties.				
Low	81 (77.1)*	16 (15.2)	08 (07.6)	0.024
Middle	146 (82.5)	15 (08.5)	16 (09.0)	
High	132 (89.2)	13 (08.8)	03 (02.0)	
12. I would be suspicious of physicians who advertise.				
Low	22 (21.0)	08 (07.6)	75 (71.4)	0.006
Middle	32 (18.1)	19 (10.7)	126 (71.2)	
High	12 (08.1)	27 (18.2)	109 (73.6)	
15. Advertising by physicians would tend to lower the credibility and dignity of their services.				
Low	33 (31.4)	14 (13.3)	58 (55.2)	0.002
Middle	36 (20.3)	30 (16.9)	111 (62.7)	
High	16 (10.8)	27 (18.2)	105 (70.9)	

* Parentheses indicate row percentages

Marital Status of Consumers and Advertising by Physicians

The sample of 424 respondents was divided into two groups based on marital status: single and married/once married. As shown in Table 9, there were four areas in 2015 with disagreement among groups in their overall opinion. In response to statement 1 that the public would be provided useful information through advertising by physicians, more of the married/once married group agreed (83.9 percent) than the single group (73.5 percent). A large percent of the married/once married group agreed (86.7) with statement 5 that advertising by physicians would be a useful means of informing potential clients about services and specialties than the single group (79.0). More of the married/once married group (58.6 percent) disagreed with statement 6 that advertising by physicians would be more deceptive than other forms of advertising than the single group (44.2 percent). More of the married/once married group disagreed (63.5 percent) with statement 10 that in general, their image of physicians would be lower as a result of advertising, while 58.6 percent of the single group also disagreed with this statement.

Table 9
DIFFERENCES IN CONSUMERS' ATTITUDES TOWARD ADVERTISING BY
PHYSICIANS BASED ON MARITAL STATUS

Statement Marital Status	Attitude Response			Significance Overall Chi Square Probability
	Agree or Strongly Agree	Undecided	Disagree or Strongly Disagree	
1. The public would be provided useful information through advertising by physicians.				
Single	133 (73.5)*	30 (16.6)	18 (09.9)	0.022
Married/Once Married	209 (83.9)	28 (11.2)	12 (04.8)	
5. Advertising by physicians would be a useful means of informing potential clients about services and specialties.				
Single	143 (79.0)	27 (14.9)	11 (06.1)	0.024
Married/Once Married	216 (86.7)	17 (06.8)	16 (06.4)	
6. Advertising by physicians would be more deceptive than other forms of advertising.				
Single	48 (26.5)	53 (29.3)	80 (44.2)	0.010
Married/Once Married	44 (17.7)	59 (23.7)	146 (58.6)	
10. In general, my image of physicians would be lower as a result of advertising.				
Single	43 (23.8)	32 (17.7)	106 (58.6)	0.042
Married/Once Married	36 (14.5)	55 (22.1)	158 (63.5)	

* Parentheses indicate row percentages

Sex of Respondents and Advertising by Physicians

The sample was divided into males and females. As Table 10 indicates, a significant difference between the attitudes of the two 2015 groups existed in four areas. Significant differences in consumers' attitudes were found regarding statement 6 that advertising by physicians would be more deceptive than other forms of advertising: of female respondents, 61.5 percent disagreed, and 14.4 percent disagreed, and 24.0 percent were undecided; of the male respondents, 44.1 percent disagreed, and 27.9 percent agreed. Significant differences in consumers' attitudes were found regarding statement 10 that in general my image of physicians would be lower as a result of advertising: of female respondents, 67.8 percent disagreed, and 13.0 percent agreed, and 19.5 percent were undecided; of male respondents, 55.4 percent disagreed, 23.4 percent agreed and 21.2 percent were undecided. Significant differences in consumers' attitudes were also found regarding statement 12 ("I would be suspicious of physicians who advertise"): of female respondents, 77.9 percent disagreed, 10.1 agreed, and 12.0 percent were undecided; of male respondents, 66.7 percent disagreed, and 20.3 percent agreed. A rather large percentage of the female group (69.7) disagreed with statement 15 that advertising by physicians would tend to lower the credibility and dignity of their services with the male group also disagreeing (58.1 percent).

Table 10
DIFFERENCES IN THE PUBLIC'S ATTITUDE TOWARD ADVERTISING BY
PHYSICIANS BASED ON SEX

Statement Sex	Attitude Response			Significance
	Agree or Strongly Agree	Undecided	Disagree or Strongly Disagree	Overall Chi Square Probability
6. Advertising by physicians would be more deceptive than other forms of advertising.				
Male	62 (27.9)	62 (27.9)	98 (44.1)	0.000
Female	30 (14.4)	50 (24.0)	128 (61.5)	
10. In general, my image of physicians would be lower as a result of advertising.				
Male	52 (23.4)	47 (21.2)	123 (55.4)	0.010
Female	27 (13.0)	40 (19.2)	141 (67.8)	
12. I would be suspicious of physicians who advertise.				
Male	45 (20.3)	29 (13.1)	148 (66.7)	0.010
Female	21 (10.1)	25 (12.0)	162 (77.9)	
15. Advertising by physicians would tend to lower the credibility and dignity of their services.				
Male	59 (26.6)	34 (15.3)	129 (58.1)	0.001
Female	26 (12.5)	37 (17.8)	145 (69.7)	

* Parentheses indicate row percentages

CONCLUSIONS

The results of this study have a number of implications. First, although consumers' opinions about advertising by physicians are mixed, they look for and generally favor advertising as a means of obtaining some kinds of information about health care services. The results in Tables 1 and 2 indicate consumers desire more information about the services of physicians and feel that advertising by physicians could help them learn about services and specialties of particular physicians. Physicians and other health care providers should be informed of these and similar survey results so they can begin to satisfy the health care needs and desires of the public. However, it is interesting to note that, as indicated in Table 5, 39.4 percent of respondents were undecided about wanting see more advertising by physicians, 32 percent did not wish to see more advertising, and 28.5 percent agreed with this statement.

Second, opinion leaders among the health care industry should be encouraged to use information advertising. Much has been written about the ethical implications of advertising by professionals and the attitudes of those professionals who must make the decision whether to advertise or not. Although many physicians have indicated they would not advertise even if others did, it is likely that some of these physicians could be encouraged to try advertising if they were convinced it could be done tastefully and for the purpose of informing and serving the community.

From the marketer's viewpoint, the rapid change of attitudes based on changing demographic and cultural factors dictates a greater need for understanding a physician's market. The results in Table 6 indicate that consumers of all ages are not in favor of physicians advertising their professional services; however, older consumers disagreed more strongly than the younger group. Both age groups also agreed that advertising will increase the quality of physicians' services in the future. Here again, the older consumers showed stronger disagreement. Both groups strongly agreed it is better to deal with reputable physicians than one who offers the lowest price. Older consumers are more likely to identify with advertisements that depict them in roles similar to the ones they occupy in real life. Physicians and other health care professionals who market services must closely monitor the changing attitudes of various age groups and be prepared to make whatever adjustments are necessary to keep pace with their expectations. Physicians must clearly define potential consumers and devise well-defined marketing strategies.

Opinions based on race regarding the use of advertising by physicians were mixed, according to Table 7. The results indicate that the nonwhite groups viewed advertising as an information tool more favorably than did the white group. The white group felt that advertising by physicians would provide useful information, make the public more aware of the qualifications of physicians, and help consumers make more intelligent choices between physicians. The nonwhite group also agreed regarding this information function. However, more of the white group disagreed that advertising by physicians would be more deceptive than other forms of advertising, while more of the nonwhite group agreed. More of the nonwhites agreed that when physicians advertise, prices are lowered due to more competition, while more of the whites disagreed. Both groups agreed when asked if they would like to see more advertising by physicians.

The results in Table 9 indicate that all three groups agreed the public would be provided useful information through advertising by physicians. Also, all three groups strongly agreed that advertising would help the public make more intelligent choices among physicians. The results in Table 10 indicate that both the male and female groups disagreed that advertising by physicians would be more deceptive than other forms of advertising. Both groups disagreed that their image of physicians would be lower as a result of advertising. Both gender groups strongly disagreed they would be suspicious of physicians who advertise.

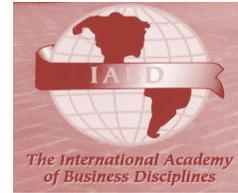
This study seems to confirm the belief of many marketing professionals that advertising and marketing clearly have a place in the management and operation of professional services. Although the present image of physicians is positive, opinions were rather mixed as to whether it is proper for physicians to advertise. The study also confirmed the quality of service and the reputation of physicians were more important to the consumer than the price. Physicians will now find that consumers are generally receptive to the use of advertising by their profession as a means of communicating information about their services to consumers (Barr and McNeilly, 2003). Physicians who carefully research the market and investigate attitudes and preferences of specific socioeconomic groups are likely to enjoy a competitive advantage over other physicians.

REFERENCES

- Allen, B. H., Wright, R. A., & L. E. Raho. (1985). Physicians and advertising. *Journal of Health Care Marketing*, 5, 39-49.
- Altman, James M. (2003). Considering the A.B.A.'s 1908 canons of ethics. *Fordham Law Review*, 71(6), 2395-2508.
- American Medical Association v. FTC. (1980-1982). Trade Case 63, 569 (2nd Cir 1980), rehearing denied.
- Arora, Raj. (2002). Assessing the influence of key variables in the choice of a physician using conjoint analysis. *Services Marketing Quarterly*, 24(1), 45-60.
- Barr, Terri F., & K. M. McNeilly. (2003). Experiences of accounting firms as a guide for other professional service firms. *Journal of Services Marketing*, 17(6/7), 713-727.
- Bernstein, Amy B., & Anne K. Gauthier. (1999). Choices in health care: What are they and what are they worth? *Medical Care Research and Review*, 56(1), 5-23.
- Berndt, E. R., Bui, L., Reiley, D. & G. L. Urban. (1995). Information, marketing, and pricing in the U.S. antiulcer drug market. *American Economic Review*, 85(2), 100-105.
- Carabello, L. (2003). Quality of information in physician advertising under close scrutiny. *Healthleader*, 1-4.
- Duffus, L. R. (1990). Physicians personally oppose ads, but say it's OK to use them. *Marketing News*, 24, 19.
- Endresen, K. W., & Wintz, J. (2002). Inside the mind of today's consumer. *Marketing Health Services*, 22(4), 19-25.

- Freeman, G. L. and Moser, H. (2009). Attitudes toward use of advertising and various media practices by physicians. *Journal of Promotion Management*, 15(3), 400-417.
- Freedman, M. (2001). New techniques in ambulance chasing. *Forbes*, 168(12), 56.
- FTC Judge. (1978). Doctors should be free to advertise. *Advertising Age*, 4.
- Gadish, D. (2008). Promoting online sales of dental supplies. *Journal of Medical Marketing*, 8(2), 137-143.
- Gadish, D. (2009). Online marketing of a dental supply e-store on a tight budget. *Journal of Cases on Information Technology*, 11(1), 1-8.
- Handlin, A., Mosca, J., Forgione, D. & D. Pitta. (2003). DTC pharmaceutical advertising: The debate's not over. *Journal of Consumer Marketing*, 20(3), 227-232.
- Hekmat, F., & Heischmidt, K. (1991). A survey of customers and non-customers of chiropractic service: An empirical observation. *Health Marketing Quarterly*, 8(3), 119-137.
- Hite, R. (1982). *An empirical analysis of consumers' attitudes toward accountants, attorneys, and physicians with respect to advertising professional services*. Ph.D Dissertation, University of Arkansas, Fayetteville.
- Johns Hopkins. (2013). Pharmaceutical advertising—down but not out. *Bloomberg School of Public Health*, 1-3.
- IFPMA Code of Practice. (2014). Self-regulation of pharmaceutical promotion. *International Federation of Pharmaceutical Manufacturers & Association*, 1-2.
- Lee, E. (2002). Ads would cheapen our image, say dentists. *South China Morning Post*, 7, 5.
- Leventhal, R. C. (1995). The marketing of physicians' services: Should doctors advertise? *Health Marketing Quarterly*, 12(4): 49.
- Lind, D. A., Marchal, W., & S. A. Wathen. (2005). *Statistical techniques in business and economics*, New York: McGraw-Hill/Irwin.
- Lubalin, J. S., & L. D. Harris-Kojetin, (1999). What do consumers want and need to know in making health care choices? *Medical Care Research and Review*, 56(1), 67-102.
- McKillen, D. (2002). Web watch. *Medical marketing and media*, 37(11), 12-14.
- Miller, J., & R. Waller. (1979). Health care advertising: Consumer vs. physician attitudes. *Journal of Advertising*, 8, 20-29.
- Moncrief, W. C., & A. J. Bush. (1988). Consumers attitudes toward professional television advertising. *Professional Service Marketing*, 23-37.
- Moser, H. Ronald. 2008. How Consumers View Dental Advertising: An Empirical Analysis. *Journal of Medical Marketing*, 8(3), 229-240.
- Moser, H. R. (2008). An empirical analysis of consumers' attitudes toward physicians' services advertising: A comparative cross-sectional study. *Services Marketing Quarterly*, 29(3), 75-98.
- Nicholson, T. (1976). Doctor's Dilemma. *Newsweek*, 5, 63.
- Paul, T. (1988). Industrial marketing perspectives for health care providers. *Journal of Hospital Marketing*, 3(1), 49-60.
- Pickett, G., Grove, S. J., & R. Ratcliff. (1992). Using promotion to increase dental practices. *Journal of Health Care Marketing*, 12(2), 22-31.
- Rizzo, J., & R. J. Zeckhauser. (1992). Advertising and the price, quantity, and quality of Primary care physician services. *Journal of Human Resources*, 27(3), 381-421.
- Sahl, J. P. (2003). The cost of humanitarian assistance: Ethical rules and the First Amendment. *St. Mary's Law Journal*, 34, 795-872.

- Stevens, R. E., McConkey, W., & D. Loudon. (1990). Dentists' attitudes toward advertising. *Health Marketing Quarterly*, 8(1), 79-94.
- Wright, R. A., Raho, L. E., & Berkowitz, E. N. (1989). Physician attitudes about advertising are changing. *Journal of Hospital Marketing*, 3(2), 49-50.
- Yasny, M. (1988). Should dentists advertise services in bold new style? *Toronto Star*, 1-3.
- Yavas, U., & G. Riechen. (2001). Attitudes of US doctors and dentists towards advertising: A comparative study. *International Journal of Advertising*, 20, 341-359.



INTERNATIONAL JOURNAL OF INTERDISCIPLINARY RESEARCH

VOLUME 4, NUMBER 2, December 2015

ISSN 2165-3240



A PUBLICATION OF FROSTBURG STATE UNIVERSITY AND THE
INTERNATIONAL ACADEMY OF BUSINESS DISCIPLINES

WWW.IJIR.NET