What do we really know about Designing and Evaluating Road Safety Advertising?: Current Knowledge and Future Challenges

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Abstract

This paper provides much needed consolidation of the available evidence in relation to the design and evaluation of road safety advertising messages. Drawing upon current knowledge, the paper identifies some key challenges for improving both the persuasiveness of messages and the methods utilised to assess their effectiveness. The paper identifies some key message-related and individual difference factors, such as response efficacy, emotion, gender and involvement, which theoretical and empirical evidence has shown to be key determinants of message persuasiveness. In relation to message evaluation, the paper focuses upon research relating to the direct, persuasive role of advertising as opposed to evaluations of the combined effects of advertising and enforcement. The paper reviews methodological limitations of previous studies and gaps in existing knowledge that together limit the ability to draw accurate and comprehensive conclusions regarding message effectiveness. Overall, this paper provides a significant and timely review of what is currently known about road safety advertising design and evaluation.

Keywords: road safety advertising, positive versus negative emotion-based appeals, message and individual characteristics, message effectiveness/persuasiveness, design, evaluation

Introduction

Each year, in Australia, on average 1600 road users are killed and 21,000 are hospitalised as a result of road trauma [1,2]. Risky driver behaviours such as speeding and drink driving continue to represent significant contributors to road trauma, reflecting the pervasive involvement of road user behaviour in road traffic injury. Given that human factors remain major contributors to road trauma, many improvements in health (i.e., reduction in injury) will ultimately be brought about by changing people’s attitudes and persuading them to adopt less risky, safer driving behaviours. In achieving this outcome, the mass media and health communication plays an important role. Consistent with this important role, each year, mass media advertising constitutes a large portion of Australian governments’ expenditure on road safety initiatives [3].

The role of advertising as a road safety countermeasure

The role of health advertising campaigns more broadly is that they aim to improve individuals’ health and safety via motivating behaviour change; however, contention surrounds the role that advertising plays as a road safety countermeasure and, more specifically, whether it functions to influence driver safety indirectly (i.e., through agenda-setting and/or supporting of other initiatives such as enforcement) or directly (i.e., having a direct, persuasive effect on individuals’ behaviour) [4]. This direct view is supported by theories of persuasion (i.e., Extended Parallel Process Model [EPPM]; [5]) and behaviour change (i.e., Theory of Planned Behaviour [TPB]; [6]) which maintain that changing individuals’ attitudes and intentions through persuasive appeals will result in the adoption of the desired behaviours. It is this direct, persuasive effects view of advertising that is the focus of the current paper. Similar to Donovan et al. (1999, p. 244), we suggest that rather than focusing on the debate regarding whether or not advertising can be effective, the issue should now be discovering what type of advertising is more or less effective and for whom.
The current paper

The main aim of this paper, therefore, is to provide a timely review of the current state of knowledge in relation to advertising design and evaluation in the road safety context with focus upon the direct, persuasive role of advertising. The paper will review the extant literature and discuss key findings, methodological limitations, and gaps in knowledge, as well as identify some particular areas which represent key issues that should be addressed in future advertising research and practice.

Message-Related and Individual Characteristics Influencing Message Effectiveness

Drawing upon the available evidence, a number of message-related and individual difference characteristics have been identified as influencing message outcomes. Message-related characteristics represent aspects of actual message design and content; while individual characteristics include factors particular to individuals (or groups of individuals) such as socio-demographic factors. At the outset, it is noted that a plethora of such characteristics has been examined (and shown to influence message outcomes) within previous literature which spans a number of decades. As such, it is beyond the scope of the current paper to review all such factors and, rather, this paper focuses upon those factors (and issues) that have been more recently identified as important influences of message outcomes and/or those particularly pertinent to the road safety advertising context. Figure 1 depicts some of these constructs and issues, each of which is discussed further in the subsequent sections of this paper.

Message-related characteristics

Theoretical frameworks such as the Elaboration Likelihood Model (ELM; [7]) and the Extended Parallel Process Model (EPPM; [5]) support the roles of cognition and emotion in persuasion (although see [8] for a criticism of the manner in which the role of emotion tends to be minimised relative to cognition). Message-related characteristics which are important to persuasion reflect the importance of both cognition and emotion.

Response efficacy. Representing one of the most consistently supported message-related characteristics is what has been termed in the fear-persuasion literature as response efficacy [5]. As a cognitive processing construct, response efficacy represents the extent to which messages incorporate strategies and/or information that may be useful for preventing and/or minimising a particular issue or threat [5]. For example, taking public transport or designating a driver (who does not consume alcohol) represent strategies to avoid drink driving while monitoring one’s speed represents a strategy to avoid speeding. Meta-analytical evidence suggests that heightened response efficacy results in improved persuasion [9]. While there had been some question as to response efficacy’s role in relation to appeals other than those based on fear, such as with positive appeals [10], recent evidence has suggested that response efficacy is as crucial to heightening the persuasiveness of emotion-based messages more generally, not only those based on fear [11]. It has been suggested that the extent to which strategies may be provided will vary between driving behaviours [12]. For instance, a wider range of strategies are typically identified and provided in advertising messages to assist an individual to avoid drink driving then to speed. However, given the importance of response efficacy to persuasiveness, we would suggest that this element of a message be carefully considered and incorporated within all messages irrespective of the behaviour being addressed.

Relevance of issue/(vulnerability to threat)

In addition to response efficacy, research has supported the important role of a second cognitive construct in influencing message effectiveness, the relevance of, and vulnerability to, an issue or threat [13, 14; e.g., 15-17; see also the cognitive constructs within the EPPM, [5]). For instance, according to fear-based literature, there are four different types of threats, physical, social, psychological, or financial, that may or may not be relevant to different target audiences [18]. While road safety has tended to rely upon physical threats of injury and death (i.e., “commercials of death”; [19]), evidence suggests that such appeals may not be regarded relevant, and hence persuasive, by those road users most commonly targeted; namely, males and young males [e.g., 20-22]. Consistent with this suggestion, evidence that social threats (e.g., threat of losing licence and the social stigma attached to licence loss) may be an effective threat appeal alternative, particularly for younger individuals (including younger drivers), is accumulating [23-28].
Figure 1. Some key aspects of the persuasive process and outcomes of emotion-based appeals
Of note, while identifying the most relevant issue/threat for a particular audience increases the likelihood that a message will be effective, it does not ensure that the target audience will be persuaded. Evidence suggests that, in some instances, messages that address issues/threats that are “too relevant” may also be ignored and rejected by those most in need of change [see 29-31]. Some findings derived from anti-smoking messages, for instance, have indicated that threat appeals may be more effective with those individuals not engaging in the behaviour and thus those already “converted” to the recommendations espoused in a message [30,31]. As such, the issue remains identifying the most relevant and effective means to target individuals within the intended audience and exploring a range of possible issues/threats with members of the intended audience.

Emotional appeal and theme. While the exploration of the persuasive effects of different emotional appeals, such as fear versus humorous appeals or humorous versus non-humorous appeals, was evident in earlier research [e.g., 32,33] there has been a recent resurgence of interest in the role of negative and positive emotion in the road safety advertising fields [11,34,35; see also 36]. This resurgence is noteworthy given a relatively long-standing reliance upon negative, fear-based appeals in this context. Two noteworthy findings emerging from the available studies on fear versus humorous appeals are that: (i) the persuasive effects of humorous appeals may not be detectable upon immediate post-exposure measures, but rather emerge after a time delay compared with fear-based appeals that are more likely to demonstrate their greatest persuasive effects immediately after exposure to a message [11,33] and (ii) humorous health messages may be relatively more effective for males than females and vice versa for negative, fear-based appeals [11, 34; see also 36 for health messages addressing the health issues of sunscreen use and AIDS/HIV). These findings suggest that gender moderates the effectiveness of different emotional appeals and that studies that do not incorporate follow-up post-exposure measures are likely to draw incomplete and possibly erroneous conclusions about the overall effectiveness of different emotion-based appeals.

Ordering of message constructs
A final issue of note with message-related characteristics involves the ordering of constructs within a message and the impact that such ordering has upon message effectiveness [e.g., 37]. This evidence has been based upon fear-based messages only; however, it is discussed given that one of the key elements identified is the recommended timing for the provision of strategies (i.e., response efficacy). Specifically, evidence has suggested that strategies should appear subsequent to the threat or issue of the message. Given response efficacy’s role in determining the effectiveness of emotion-based appeals generally, this research provides important insight for message design.

Individual characteristics
Each and every time an individual is exposed to a health message, a range of socio-demographic characteristics as well as beliefs the individual possesses will function to also influence a message’s overall effectiveness. Among some of the most recent and notable of these factors are gender as well as individuals’ pre-existing beliefs and perceptions. The influence of such factors highlights the importance of thorough pre-testing and piloting of messages, with individuals who are members of the intended audience, via in-depth qualitative methods [38,39].

Gender. Males, relative to females, are more likely to be involved in road trauma [1]. Also, males are more likely to report having engaged in risky driving behaviours such as speeding [40,41] and have been observed to engage in greater speeding behaviour [42]. Furthermore, males have been shown to score higher on a number of perceptual biases that would likely increase their tendency of engaging in risky behaviours [43]. For instance, males have been shown to regard themselves as “better” and more skillful drivers than their peers compared with females [43] and as being less likely than females to be involved in a road crash as a result of risky driving [44]. The existence of these biases is likely to have significant implications for the manner in which advertising messages are designed to target these individuals. Indeed, contrary to conclusions drawn within an earlier meta-analytical review [45] which suggested that demographic characteristics, including gender, have limited influence on the effectiveness of persuasive appeals, more recent literature has found gender differences in relation to positive and negative, fear-based messages road safety messages [11,34]. Associated with this gender difference is an additional perceptual bias known as the
third-person effect, whereby individuals deem a persuasive message as being more likely to influence others than themselves [46]. Specifically, while males report a classic TPE in response to fear-based messages (i.e., more influence on others than themselves), they are more likely to perceive themselves as influenced as much as other drivers by positive, humour-based appeals with opposing findings with females [11,20].

Social psychological literature offers some theoretical explanations of this gender effect with positive and negative emotions. For instance, theories of social and sex role identity [e.g., 47] posit that positive rather than negative emotions are more stereotype-congruent for males and, as such, males would be more likely to respond favourably to positive than negative emotions [48]. Theories of information processing based on the selectivity hypothesis [49] would suggest that males are more selective processors likely to rely upon overall themes and characteristics of a message while women are more elaborate processors [50, 51]. According to Dubé and Morgan (1996), as negative information is more diagnostic and consequential than positive information, women are more likely to attend to and process negative, while men more likely to attend to and process positive information.

**Pre-existing beliefs.** In terms of pre-existing beliefs, the focus of the current paper centres on those beliefs relating to individuals’ attitudes towards, and their involvement with, the issue/behaviour. In relation to attitudes, theoretical (e.g., Theory of Planned Behaviour, [6]) as well as a substantial body of empirical evidence based on the prediction of a range of health-related behaviours has consistently identified attitudes as one of the most important and significant predictors of intentions [52,53]. In relation to predicting driving behaviours more specifically, attitudes continually represent one of the strongest predictors of intentions [52, 54,55].

In relation to an individual’s involvement with an issue and/or behaviour, both theoretical (the ELM, [7]) and empirical evidence support the role it plays in persuasion. In the ELM, involvement is considered in relation to the extent to which an individual regards an issue as having some direct impact upon their own life [56]. Empirical evidence has suggested that involvement may influence persuasion through influencing the extent of message processing. Specifically, high involvement with an issue has been associated with more elaborate, central processing of a message [57] with such processing, in turn, being associated with stronger and more enduring persuasion [7,58].

Interestingly, reflecting the importance of these constructs, pre-existing beliefs (of attitude and involvement) have been shown to account for the effects of demographic characteristics of gender and age on speeding-related intentions [54].

**Individual perceptions of message characteristics.** A significant issue to acknowledge is the crucial role that individuals’ perceptions of message characteristics play in determining the ultimate success or failure of a message. While message and individual characteristics have been discussed somewhat separately, it is important to acknowledge that it is individuals who ultimately determine whether messages (and their respective characteristics) function as intended. Consistent with theoretical evidence (e.g., EPPM; [5]), while a construct such as response efficacy represents a characteristic of a message, it is an individuals’ perception of response efficacy which determines the extent to which response efficacy is present in the message and considered relevant and/or useful. This notion is applicable to all message-related characteristics.

**Definitional Inconsistencies and Ambiguities in Previous Literature**

**What is message effectiveness?** Due to the fact that specific mass media advertising campaigns are designed according to their own respective persuasive goals (e.g., to raise awareness, to change attitudes and/or behaviour; [4]) and different health persuasion studies have utilised different outcome measures of persuasion, definitional inconsistency has surrounded what constitutes message effectiveness. As such, cross-study comparisons have been difficult. In health persuasion research, message effectiveness is often measured in terms of attitudinal or intentional change and, in some instances, the degree of behavioural change achieved [4]. Typically, and especially in relation to fear-based messages, message effectiveness is often referred to as
message acceptance [19]. Message acceptance is assessed in terms of the degree to which individuals report an intention to adopt a message’s recommendations [5,59].

In addition to message acceptance, theoretical [see 5] and empirical evidence [e.g., 19] has supported the need to also assess message rejection in order to attain a more accurate indication of a message’s overall effectiveness. Relative to message acceptance, message rejection is seldom assessed [5]. This tendency remains in the literature despite evidence suggesting that the two measures capture distinct aspects of individuals’ responses to persuasive messages [11]; for instance, message rejection has been shown to contribute to the explanation of variance in subsequent self-reported behaviour over and above that explained by message acceptance [54]. When it is assessed, message rejection tends to be operationalised in terms of maladaptive responses or intentions such as the extent to which individuals report defensively avoiding, denying, minimizing and/or ignoring a message [5,19]. Essentially, message rejection is regarded as the extent to which an appeal is ineffective or fails to persuade [59]. Recent evidence has suggested that much less is known about the predictors of message rejection than message acceptance [54].

**Defining positive and negative appeals.** Definitional inconsistency has also surrounded use of the terms positive and negative in relation to persuasive appeals [60] and this inconsistency can be evidenced also in the road safety advertising literature [61; see also 4]. This ambiguity has implications for the ability to generalise findings across studies and has most likely contributed to the gap in literature as to when it is best (e.g., for which behaviours and/or for whom) to utilise either a negative or positive appeal ([61]. For instance, in addition to positive and negative emotional appeals, the terms positive and negative have also been used for appeals defined in relation to, for example: (i) message framing effects; (ii) offering of rewards or punishments for desired or undesired behaviours; and (iii) motivations. There is considerable overlap in these conceptualisations. Irrespective of the definition adopted, negative as opposed to positive approaches have been favoured in the road safety advertising context and this practice has continued despite support for the greater use and, at least trialling, of positive approaches in road safety advertising [14,62-64].

**Defining involvement.** Considerable definitional ambiguity has also long surrounded the construct of involvement [65,66]. Most commonly, involvement, as noted previously, has been conceptualised in terms of personal relevance whereby an individual is regarded as being highly involved with an issue when they perceive it as having some direct impact on their own life [56]. However, even when involvement has been conceptualised as personal relevance, disparity exists in relation to the actual measures adopted [see 65]. The involvement measure would benefit from further refinement within the applied health advertising context. Although recognised as an important construct influencing persuasion (e.g., see the ELM; [7]), the ambiguity surrounding conceptualisation of this construct has likely contributed to the difficulty in drawing conclusions about which type of appeal is most likely to work best for whom (based on their existing level of involvement).

**Methodological Limitations of Previous Research**

Methodological criticisms have been directed at the available health advertising research which limit the conclusions that may be drawn from the results [see 14, 67]. While some limitations such as the reliance on university student samples, seem to be well-acknowledged, even if still utilised [14], other limitations seem less well acknowledged and/or addressed. Among the more problematic of these for health advertising research, we suggest, are issues relating to the unrealistic exposure and overt measurement of responses to messages as well as the tendency to not always include manipulation checks (of message characteristics) and follow-up measures.

**Unrealistic exposure and overt response measurement.** There has been much reliance upon quasi-experimental, laboratory(classroom)-based designs in health advertising literature generally as well as within road safety advertising research more specifically [14; for an exception, see 3]. The use of such designs contributes to methodological limitations relating to the manner in which participants are exposed to the messages as well as how their responses to the messages are measured. Although laboratory studies offer heightened internal validity they do represent rather artificial, contrived settings. This type of setting is
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particularly troublesome for advertising research because it may force participants to attend to and/or pay more attention to a message than they would have done so typically in their everyday life [67]. Thus, participant exposure to messages in studies based on such research designs may likely be characterised by atypically heightened attention.

Also related to the issue of message exposure, is the issue of how many exposures are required for determining a message’s effects. The issue of single versus multiple exposures has received considerable debate in the marketing literature [see 68,69] but, seemingly less so in the health advertising research context. The choice of number of exposures is associated with the view that one adopts about the role of advertising; specifically, the current effects model maintains that if advertising is effective, its effects will be evident quickly and, thus, its effects will be detectable after one exposure [69]. Empirical evidence is available to support this model and many previous empirical studies have utilised single advertisement exposures within their research designs [see 69]. In contrast, proponents of the cumulative effects model of advertising effects propose that the effects of advertising messages build over time and, thus, a single exposure may be insufficient to have a detectable effect on individuals. This model has also been supported by previous empirical evidence (see 68,69) although contention surrounds how many exposures are actually necessary [see 39 for a study utilising two advertisement exposures; see 70 for an example of three advertisement exposures]. Given the mixed findings, some researchers have suggested that there may be some situations where single exposures may be sufficient but, others where multiple exposures are necessary [71]. Arguably, if for no other reason but to heighten the realism and external validity of the research findings, health advertising research may benefit from exploration of message effects based on multiple exposures given that, in everyday television viewing (radio listening) it is unlikely that individuals would be exposed to a particular message only once.

Following on from unrealistic exposure to a message is the tendency for health advertising research studies to often rely upon direct, overt assessment of message effectiveness. By direct and overt we are referring to instances where the study’s true purpose (e.g., participants are aware that a study is examining the effects of road safety advertising) is not concealed from the participants and their responses are subsequently derived from self-reported measures. The knowledge that they are likely to be asked questions about the advertising messages again artificially heightens participants’ attention to messages and may bias their responses in accordance with what they believe the researchers’ are expecting (or hoping) to find. Of note, studies are available that have attempted to address this limitation; for instance, studies have indirectly exposed participants to messages via a waiting room scenario where participants are exposed to messages/programs while waiting for the “real” experiment to commence [e.g., 72].

Furthermore, while the use of self-report data may represent a methodological limitation that has been well-acknowledged, arguably in the advertising and road safety advertising contexts it may be associated with a number of specific limitations. Firstly, it may be associated with questionnaire or, what has been referred to as mere measurement effects [see 73-75]. Such effects have been examined within marketing literature and, in particular, a stream of research examining the phenomenon of self-generated validity [76]. This research has demonstrated that the very act of responding to surveys and questionnaires is likely to alter an individuals’ subsequent judgments and behaviour [76,77]. For instance, by assessing an individual’s intention to engage in certain behaviour, the act of asking about one’s intent is likely to increase the probability of the individual subsequently engaging in that behaviour. Thus, such mere measurement effects may have implications for the validity of the responses provided. Secondly, in the road safety context, it is reasonable to presume that, because drivers are often expected to provide responses in relation to their engagement in illegal behaviours, that their responses may be influenced by social desirability biases. Moreover, the use of self-reported data may also limit the extent that the results between different studies and different behaviours (e.g., drink driving and speeding) may be compared. While some support has been provided that suggests self-report measures of speeding do provide an accurate reflection of covertly-measured actual speeds [78], drink driving and speeding differ in relation to the social acceptance of being detected for such behaviours. This difference is likely to influence the extent that individuals are likely to report engaging in drink driving relative to speeding and, thus, affects the comparability of results. Thirdly, despite reliance upon self-report outcome measures it is important to acknowledge that such measures do not represent the only manner in which to assess
persuasion. For instance, previous studies have examined the effects of exposure to messages on crash reduction [e.g., 79,80] behaviour as measured via a driving simulator [e.g., 38] as well as in relation to on-road speeding behaviour [81]. In such an applied context as road safety, it is especially important for advertising research to measure outcomes of practical significance.

**Absence of manipulation checks and follow-up measures.** Previously, the need to assess individuals’ perceptions of specific message characteristics was highlighted. Also highlighted was evidence that the emotional responses a message may evoke may not necessarily be that intended and may include others not anticipated [82]. However, despite a message evoking a range of emotions, rarely do empirical studies examine the relationship between these additional emotions and persuasion despite the fact that evidence exists that has shown different discrete emotions do have differential persuasive effects: some inhibit whilst some facilitate persuasion [82]. Most critically, if a study does not take precautions to ensure that a message is indeed evoking the anticipated emotion, such as measuring the change in levels of the specific emotion and/or performing a manipulation check, then any conclusions drawn are likely to be erroneous. In other words, if the anticipated emotion was not successfully evoked, or alternatively, if different emotions other than the anticipated emotion were evoked, then the study is no longer examining the relationship between the anticipated emotion and subsequent persuasion. Surprisingly, however, measurement of the affective responses experienced and related manipulation checks are not always conducted; rather, there is a tendency for researchers to rely upon a priori assumptions of an appeal’s content and assume the manipulated effect is achieved rather than directly measure (and thus check) the intended content [14,82-84].

Of note, while it is advocated that measures and manipulation checks of emotion be included, acknowledgement also needs to be made of the difficulties associated with self-reported measures of individuals’ emotional responses. Closed-ended as well as open-ended free response measures where individuals respond to, or list, a particular type of emotion, require considerable cognitive processing. Also, the possibility exists that the meaning of emotional words may vary from person to person [85].

Additionally, there has been a tendency for studies of health persuasion to not always include follow-up measures within their research designs [see 67]. This tendency is problematic given evidence that suggests the persuasive effects of different appeals may vary over time [11,33]. For instance, Lewis et al. (2008) found an improvement in the persuasive effects of positive appeals after a time delay of up to a month. In the absence of such follow-up measures, the overall conclusions drawn from the immediate post-exposure measures would have provided limited support for the use of positive emotional appeals.

**Gaps in Existing Knowledge**

**Absence of guiding theory.** The importance of theory in the health advertising context cannot be understated. Evidence relating to health advertising generally as well as road safety advertising more specifically has found theoretically-based persuasive messages and campaigns to be more effective than atheoretical campaigns, resulting in greater levels of health-protective behaviours [e.g., 4,86]. Such messages and campaigns are also often more cost effective and easier to evaluate [4,86]). Despite this evidence, surprisingly, most message campaign development in road safety is atheoretical; having been designed in the absence of any clearly defined guiding principles [4; for an exception see 87 for campaign development based on the Theory of Planned Behaviour]. Interestingly, it has been suggested that the absence of the use of theory may not be due to an absence of theories per se but, rather there being available too many frameworks [e.g., 88-90].

An area of extant persuasion literature where theoretical advancement is particularly lacking is in the area of emotion-based appeals and, in particular, positive emotion-based appeals. Relative to appeals based on the emotion of fear, much less focus has been on understanding and/or explaining the persuasive process and outcomes of other negative emotions and even less for positive emotions [91]. Given growing empirical support for the potential effectiveness of positive relative to negative appeals for high risk road users such as males [e.g., 11,34], this area is identified as one of importance for future research endeavours.
Limited behaviours addressed. Examining the available evidence on persuasive messages in the road safety advertising context suggests that there has been a particular and consistent focus on the behaviours of drink driving and, to a lesser extent, speeding. This suggestion is supported by the fact that comprehensive reviews of advertising countermeasures in road safety exist for anti-drink driving messages but not other behaviours [92-94]. While advertising messages addressing other behaviours have been examined, they have been relatively less examined. For example, Ben-Ari et al. (2000) examined reckless driving; Donovan et al. (1999) analysed speeding, inattention, fatigue, and drink driving; Lewis et al. (2007a) and Tay et al. (2004) investigated speeding and drink driving; Rossiter and Thornton (2004) and Tay (2004) examined speeding; and Tay and Watson (2002) studied driving while fatigued. While focus on such behaviours is entirely warranted given that they represent major contributors to the frequency and severity of road trauma, there remain other high risk driving behaviours for which research is needed to determine the most effective persuasive strategies. Examples of these behaviours include, fatigue, inattention, mobile phone use, and drug driving. This area represents a key issue for future research to explore. The final section of this paper highlights some additional important areas for future health advertising research and practice.

Where To From Here?: Some Directions for Future Health Advertising Research and Practice

Based on the issues discussed, we offer the following directions for future health advertising research and practice. Overall, we suggest that one of the key goals is the need for future research, practice, and policy to continue the search for innovative advertising strategies which are most effective (persuasive) for influencing particular road user groups. This suggestion is based on the evidence that positive approaches represent potentially more effective persuasive strategies for males than the traditional negative, fear-based approaches. With males representing high risk road users at greater risk of being involved in road trauma, it is crucial that persuasive strategies are functioning as intended and achieving their persuasive goals.

In relation to methodological limitations relating to unrealistic exposure and direct response measurement, insight may be gained from drawing upon strategies and research designs derived from commercial research. For instance, in order to heighten the realism of the viewing context and the effects of specific messages, commercial advertising has utilised ‘clutter reels’ and/or stimuli whereby target advertisements are embedded within a series of other advertisements and within a program [e.g., 95]. Evidence has demonstrated that program context does have an influence on subsequent message effects [e.g., 96] It follows that the nature of other advertisements being viewed within the same advertising segment as a road safety advertisement may also impact upon the effectiveness of a particular advertisement, particularly if the message(s) promoted by the different advertisements are oppositional (e.g., a road safety advertisement versus a car manufacturer’s advertisement which promotes the speed capabilities of a vehicle). As such, research is needed to understand program and additional message effects in relation to road safety advertising. Also, commercial research has utilised objective measures of behaviour via in-home product scanners [97]. While it is acknowledged that the behaviour of interest in relation to road safety advertising, namely on-road behaviour, is inherently more difficult to assess than product purchases, technological advancement in terms of GPS in-vehicle devices may provide an objective and unobtrusive measurement of on-road behaviour.

Another area of technological advancement representing an important issue to explore further is in relation to the many new and innovative ways with which persuasive advertising messages may potentially be delivered to individuals. For instance, the growing use and role of the internet as well as messaging capabilities of mobile phones (e.g., SMS) represent new channels for health advertisers to consider for the dissemination of health messages. Currently, however, little is known about health advertising via these different channels.

Finally, a particularly significant avenue for future research that would improve both advertising research and practice relates to the building and refining of theoretical frameworks which may be used to assist message design and, ultimately, evaluation. The literature reviewed herein in relation to key message-related and individual characteristics has provided some key suggestions in terms of key components for consideration. In particular, there is the need to enhance theoretical explanation and prediction regarding the persuasive processes and outcomes of positive emotion-based appeals, an area recognised as particularly lacking [91]. Extending upon this issue of theoretical development and enhancement, a related issue involves the need to
further examine the response efficacy construct. At this time, little is known about this construct in terms of aligning particular strategies to specific message types and individuals (or groups of individuals). Indeed, previous literature has suggested that the extent to which strategies may be able to be provided for different behaviours such as speeding and drink driving is likely to vary [22] and therefore there is need to explore potential strategies (and their likely effectiveness) for different behaviours. Given that response efficacy represents a key determinant of the effectiveness of emotion-based appeals (not only in relation to fear-based appeals), further investigation is warranted to enhance understanding of this construct.

Conclusion

The current paper has provided a significant and timely review of what is currently known about road safety advertising design and evaluation. A range of message-related and individual characteristics influencing message effectiveness, including response efficacy, emotion, gender, and involvement, were highlighted as were a number of methodological limitations and gaps in existing knowledge that prohibit the attainment of a comprehensive understanding of message effectiveness. The paper concluded with some suggested directions for future advertising research and practice that centre upon addressing previous methodological limitations as well as considering the potential role that technology may play with respect to measuring on-road behaviour and the dissemination of health messages. With road safety advertising representing an important component within the array of strategies implemented in the attempt to minimise road trauma, it is crucial that health advertising researchers and practitioners continue to explore and identify the most effective advertising interventions using methodologically sound evaluation designs.

References


