

Understanding the power of hope and empathy in healthcare marketing

Elyria Kemp

Department of Management and Marketing, University of New Orleans, New Orleans, Louisiana, USA

My Bui

Department of Marketing and Business Law, Loyola Marymount University, Los Angeles, California, USA

Anjala Krishen

Department of Marketing and International Business, University of Nevada, Las Vegas, Nevada, USA

Pamela Miles Homer

Department of Marketing, College of Business Administration, California State University, Long Beach, California, USA, and

Michael S. LaTour†

Ithaca, New York, USA

Abstract

Purpose – The dynamic landscape of healthcare has seen significant changes in marketing by the various types of healthcare providers. This research aims to explore the impact of emotions in healthcare advertising.

Design/methodology/approach – Two consumer panel experiments investigate the role of hope and empathy appeals in fostering positive evaluations toward healthcare providers (medical centers for serious illnesses).

Findings – Study 1 shows that two types of emotion-based healthcare appeals are more effective than non-emotional appeals. Study 2 compares the relative effectiveness of hope versus empathy appeals with medical expert or typical person (patient) testimonials.

Research limitations/implications – Findings demonstrate that in a healthcare context, an expert testimonial enhanced the persuasiveness of a hope-based appeal, whereas testimonials from unknown patients were not effective.

Originality/value – Understanding the role of emotions in healthcare advertising is increasingly important as healthcare providers compete on care and quality outcomes and advertising agencies vie for the attention of consumers.

Keywords Emotions, Advertising, Empathy, Hope, Health care

Paper type Research paper

The landscape of healthcare in the USA has changed dramatically over the past decade. As of September 2015, the US Department of Health and Human Services reports a total of 17.6 million people are covered due to the [Affordable Care Act \(2010\)](#) between the Marketplace, Medicaid expansion, young adults staying on their parents' plan and other coverage provisions. Along with this influx of new consumers in the marketplace, more healthcare options are available, which results in increased competition. In addition, pharmaceutical companies and various providers of healthcare products and services (e.g. hospitals, health insurance providers) have flooded the media with direct-to-consumer ads, in part because many employers and insurers require healthcare consumers to become more responsible and knowledgeable about their healthcare choices. Healthcare advertisements feature doctors in scrubs posing with impressive machinery, emphasizing quality of care, offering testimonials and tugging

at consumer heartstrings with emotional appeals ([Kemp et al., 2015](#); [Larson et al., 2005](#); [Vater et al., 2014](#)).

US healthcare spending hit \$3.8T in 2014 and continues to rise ([Munro, 2014](#)). As the market grows, so does the amount spent to promote the various healthcare products and services available. Large healthcare companies in the USA spent an average of \$22.2M to market their services in 2014 ([statista.com](#)). Prescription drug marketers allocated \$373.9M on media spending in 2014 and advertising for all medicines and remedies hit \$8,817M that same year ([Advertising Age, 2015](#)).

While a wide variety of ad formats and execution styles designed to elicit emotional responses among consumers are visible across the various media, their relative effectiveness in healthcare advertisements is inconclusive. In light of the above economic figures for the healthcare industry and lack of empirical evidence, research comparing specific appeal types is warranted. The personalized nature of healthcare services suggests that advertising messages which convey positive emotional overtones (e.g. hope and empathy) may be effective

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†In memory of our esteemed co-author and colleague, Michael S. LaTour.

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in cultivating favorable consumer responses. Illness can be an emotionally debilitating experience, and it can threaten a person's sense of well-being and competence, rendering him or her vulnerable (Aday, 2001). Furthermore, individuals may have limited knowledge of medical product/service offerings, and messages which engender emotional responses may help to simplify decision making.

Thus, the primary purpose of this research is to examine the relative effectiveness of two types of emotional appeals in healthcare advertising aimed at consumers. Using two consumer panel samples, the roles of hope and empathy in fostering positive evaluations toward healthcare providers are investigated via an experimental design. Expert endorsements and patient testimonials are common in advertising for healthcare providers, including cancer treatment centers, hospitals, weight loss programs, dentists, etc. (Gaughran, 2010; Larson et al., 2005; Vater et al., 2014). Based on the notion that emotional messages that are corroborated by patient and expert testimonials motivate consumers to weigh them more heavily than objective information (e.g. average patient ratings), the relative effectiveness of including expert and typical person (patient) testimonials in emotional healthcare ads is explored.

First, we provide an overview of the role of emotions in advertising with special focus on the conceptual significance of hope and empathy in healthcare decision-making contexts. Study 1 (S1) confirms that emotional appeals (hope and empathy) are more persuasive than a non-emotional appeal for a diabetes treatment facility. Study 2 (S2) expands on S1 by incorporating expert and patient testimonials. Findings demonstrate that a hope-based appeal for a cancer treatment facility is more effective than an empathy-based appeal, especially when used in conjunction with an expert testimonial. Managerial and policy implications are offered as well.

Conceptual framework and hypotheses

Emotions, unlike other feeling states (e.g. mood, affect), involve a high degree of cognitive awareness (Lazarus, 1991b) that guide daily behavior, simplify decision making and influence consumer judgments (Bui et al., 2012; Gordon, 2006; Kemp et al., 2014). Ad-based feelings and emotions play a crucial role in the formation of attitudes and judgments about products and services (Brown et al., 1998; Bülbül and Menon, 2010; Kemp et al., 2014; Mizerski and Dennis White, 1986). For example, Field and Pringle (2008) find that emotional advertising campaigns can create a sense of enduring differentiation for a brand and reduce price sensitivity, and that emotional ads are more likely to generate large profit gains than rational ones.

Emotion theorists define emotions as complex, fitness-enhancing responses to adaptive problems that vary in their evolutionary, fitness-enhancing functions (Ekman, 1992). The present research adopts a functional evolutionary perspective in predicting the effects of hope and empathy on message processing, judgment formation and decision making. These specific emotions (hope and empathy) are especially relevant in healthcare contexts and tend to be experienced at a high construal level, rendering them effective at influencing consumption and fostering loyalty (Bülbül and Menon, 2010).

The functional evolutionary approach suggests that specific emotions can lead to different outcomes through different mechanisms. Emotions are superordinate neural programs, which activate cognitive and motivational subroutines that facilitate adaptive behavior in the face of opportunity or threat (Mowen et al., 2004; Griskevicius et al., 2010). Once an emotional system is activated, it promotes unique perceptions, cognitions and behaviors aimed at solving the adaptive problem. For example, the fear system promotes adaptive action in the face of imminent danger, while the anger system elicits attack motives (Öhman and Mineka, 2003). Thus, the evolutionary perspective has consequences for the effects of hope and empathy on message processing, judgment formation and behavior – two common emotions that are especially prevalent within ads for the healthcare and service providers – the central focus of the studies reported here (Kraus et al., 2012; Vater et al., 2014).

Hope

Hope is defined as a positive emotion induced in response to an uncertain, but possible goal-congruent outcome (MacInnis and de Mello, 2005). Snyder et al.'s (1991) theory of hope indicates that hope consists of reality-based appraisals of the wills and the ways of achieving goals. Specifically, hope includes successful *agency*, which manifests as goal-directed determination, and *pathways*, or a planning of ways to meet goals (Snyder et al., 1991). From an evolutionary perspective, hope is responsible for the activation of perceptions that goals can be met (Snyder, 1989; Snyder et al., 1991). Hope is induced through the identification of a desired outcome that is believed to be possible and is predicated for events in the future.

The physiological effects of hope are well-documented (Groopman, 2004). Hope may serve to protect us from stress, anxiety and the effects of negative life events, and has been shown to promote healthy behaviors (Enayati, 2013). The healing powers of hope are the topic of numerous books and health-related TV shows, such as the popular Dr. Oz show.

Campaigns which elicit hope in advertising/marketing communications may involve individual self-improvement such as looking younger, losing weight or eating healthier (Krishen and Bui, 2015). Inducing hope in a medical context may encompass encouraging survival, proposing a cure or portraying a better quality of life (Vater et al., 2014). Healthcare advertisements often make an effort to generate hope by highlighting benefits and suggesting potential solutions in a product/service offering (De Mello et al., 2007; Larson et al., 2005; Vater et al., 2014), thereby showing ways to achieve goal-congruent outcomes that were perhaps previously viewed as difficult to accomplish.

Empathy

Empathy is typically defined in terms of being aware of another person's internal states and/or putting oneself in the place of another and experiencing his or her feelings (Hoffman, 1984). When evoked, empathy involves attempting to accurately understand the plight of another person through perspective taking (Taute and Sierra, 2015), whereby he or she can mentally put himself or herself in "another person's shoes". Enlisting empathy enables individuals to competently

interact with others and display behaviors appropriate for a given situation or person (Redmond, 1989). Research indicates that empathy creates symbiotic and recursive interactions in an exchange process: that is, the display of empathy by one party can strengthen the other party's empathy and lead to positive outcomes (Kraus et al., 2012). Evidence also supports that empathy influences the decision to engage in prosocial behavior (Bagozzi and Moore, 1994; Basil et al., 2008).

In a healthcare context, empathy can enhance the therapeutic effectiveness of a provider–patient relationship (Real Balance, 2015). Healthcare providers claim that empathy is a major part of the patient experience and that giving and receiving care happens every day (Cleveland Clinic, 2013). Moreover, patients not only judge healthcare providers on clinical outcomes, but also on their ability to be compassionate and deliver excellent, patient-centered care. In response, health providers often try to distinguish themselves by transforming the patient experience and elevating customer satisfaction. As a result, healthcare providers emphasize the empathetic care provided by their employees in their advertising/marketing communications (Cleveland Clinic, 2013).

Advertising by healthcare providers designed to elicit or convey emotions such as hope and/or empathy may be successful in engendering favorable consumer evaluations. Research suggests that even individuals with localized cases of diseases like prostate cancer may travel long distances at great expense to obtain treatment that may be as successful, or unsuccessful, as the treatment available closer to them (Larson et al., 2005). Such extraordinary actions are no doubt driven by some form of hope that the individuals harbor toward the treatment process or the empathetic healthcare provider. Thus, it is proposed that:

H1. A hope or empathy-based emotional appeal for a healthcare provider will be more effective than a non-emotional appeal.

Hope versus empathy

Both systematically vary in the extent to which they promote a focus on the self versus a focus on others (Markus and Kitayama, 1991). Specifically, self-focused emotions (e.g. pride, happiness, frustration) tend to be associated with an augmented awareness of an individual's internal state (e.g. his or her own needs, goals and desires), whereas other-focused emotions (e.g. peacefulness, indebtedness) tend to be affiliated with a heightened awareness of the internal state of others (Aaker and Williams, 1998; Agrawal et al., 2007). Basically, hope is considered a “self-focused” emotion, and as presented previously, hope includes a goal-directed motivational component (*agency*) and *pathways* to meet goals (Snyder et al., 1991). This is especially crucial in a healthcare context. When individuals are ill, the presence of hope motivates and leads individuals to envision positive health outcomes even in the face of uncertainty and suffering.

In contrast, empathy is an “other-focused” emotion that involves emotional perspective taking (Agrawal et al., 2007; Van Boven et al., 2013). While feelings of empathy in a healthcare context can enhance the patient experience and

lead to greater levels of satisfaction, the self-referential nature of hope, which fosters goal attainment and achievement, may appeal more to healthcare consumers whose ultimate goal may include survival, a cure or a better quality of life.

Thus, both hope and empathy appeals should motivate positive emotional reactions. However, the self-referential, goal-directed nature of hope will be more persuasive and effective as an ad executional element than empathy.

H2. Compared to a non-emotional appeal, an emotional appeal for a healthcare provider that fosters hope will be more effective than an empathy-based appeal.

Study 1

Method

Overview and procedure

To test the proposed hypotheses, a single-factor (*appeal type*: hope, empathy, non-emotional [control]) between-subjects design was conducted using an online, non-student consumer panel ($N = 293$). Forty-five per cent of the participants were male and study participants ranged in age from 22 to 88 ($M = 38$) years.

Participants first read the following instructional statement:

Over 29 million people in the United States have been diagnosed with diabetes. Still, close to 29 per cent of the population has diabetes but has not been diagnosed. The message that follows is about a diabetes care program in the USA Please read it carefully and consider how you would react to the message if you or a loved one were diagnosed with diabetes. After reading the message, please answer the questions that follow.

Next, study participants viewed one of three advertisements (randomly assigned) which included the appeal-type manipulation – hope, empathy or non-emotional. The advertisements were for a fictitious diabetes care center, Davis Diabetes Care Center (DDCC). The hope appeal included the headline “Bringing Hope to Many” and ad copy “Our integrated treatment plan has brought hope to many”. In contrast, the empathy appeal headline stated “Delivering Empathetic Care” and ad copy included “We deliver empathetic, patient-centered care”.

Dependent measures

After being exposed to one of the ads, participants responded to a series of questions designed to capture the key dependent measures (self-paced). (All measures were assessed via seven-point scales, unless otherwise indicated.) Ad effectiveness is captured by three operational constructs: intent to use the healthcare provider's services, attitude toward the healthcare provider and perceived quality of care provided by the provider. The likelihood of using the services of the healthcare provider (intent to use: $\alpha = 0.97$) is assessed via: “If the situation called for it, how likely would you be to use the services of DDCC?” (end points “unlikely/likely”, “improbable/probable” and “definitely would not/definitely would”). Attitude was captured via three bi-polar items (“negative/positive”, “unfavorable/favorable” and “bad/good”: $\alpha = 0.97$). Perceived quality of care was captured with two bi-polar items (“poor/excellent”, “low quality/high quality”: Spearman Brown Reliability Coefficient [SBRC] = 0.95).

To establish comparability of the ads and treatment groups, participants rated the ad in terms of overall affect, realism and

believability, and the strength of the ad claims (four items, $\alpha = 0.96$). Respondents were also asked to indicate the extent to which the advertisement they just saw invoked hope and empathy (scale end points: strongly disagree/strongly agree).

Results and discussion

Manipulation check and ad judgments

Analysis of variance (ANOVA) results show that the hope appeal was more effective at generating feelings of hope [$M = 5.31$, $F(2, 289) = 5.81$, $p < 0.01$] than the non-emotional control ad ($M = 4.70$), and was directionally superior to the empathy appeal ad ($M = 5.10$). In addition, a marginal appeal-type main effect emerged for feelings of empathy [$F(2, 289) = 2.26$, $p < 0.10$], indicating that those exposed to the empathy appeal feel greater empathy ($M = 5.12$) compared to the control ($M = 4.74$) and hope-eliciting ($M = 5.03$) ads[1]. As desired, the three ads were judged to be comparable in terms of realism, believability, strength of the ad claims and overall affect (all $p > 0.10$).

Hypothesis tests

A single-factor (appeal-type) ANOVA for intent to use the provider shows that the two emotional appeals are more effective compared to the non-emotional ad ($H1$). The hope appeal [$M = 4.96$, $F(2,290) = 3.12$, $p < 0.05$] and empathy appeal ($M = 4.75$) generate greater intentions to use the provider's services compared to the control ad ($M = 4.43$) (Table I and Figure 1). Planned comparisons for intent indicate that the hope appeal is superior to the control appeal ($p < 0.05$), but it is not significantly better than the empathy ad ($p > 0.05$), thus not supporting $H2$. Similar patterns emerge for the provider attitude and perceived quality of care measures. The hope appeal is most effective at enhancing attitude toward the provider's services [$M = 5.69$, $F(2,290) = 4.05$, $p < 0.05$] compared to the

empathy appeal ($M = 5.42$) and the control ad ($M = 5.18$), supporting $H1$. Planned comparisons for attitude reveal that the hope appeal is superior to the control appeal ($p < 0.05$), but it is not significantly better than the empathy ad ($p > 0.05$). Third, the hope appeal yields increased perceptions of the quality of care [$M = 5.24$, $F(2,290) = 2.65$, $p < 0.10$] compared to the empathy appeal ($M = 5.10$) and the control ad ($M = 4.85$). Planned comparisons for quality perceptions also show that the hope appeal is superior to the control appeal ($p < 0.05$), but it is not significantly better than the empathy ad ($p > 0.05$).

In summary, the above findings support $H1$ that an emotional appeal ad, hope or empathy, is more effective (as measured by usage intent, provider attitude and perceived quality of care) than an ad that is non-emotional in nature. However, the data only directionally support $H2$, as the hope and empathy appeals are not significantly different from each other.

Study 2

In the interest of enhanced generalizability, a second study ($S2$) focuses on a different type of healthcare provider, cancer treatment centers. To further understand what executional elements work well with hope and empathy appeals in healthcare provider campaigns, $S2$ examines the impact of incorporating testimonials in hope and empathy-based ads. As noted above, testimonials are common in advertising for a variety of healthcare providers (Gaughran, 2010; Larson et al., 2005; Vater et al., 2014). For example, well-known campaigns for St. Jude Children's Research Hospital and Cancer Treatment Centers of America are dominated by testimonials from patients and medical experts.

$S2$ also includes another dependent variable relevant to the healthcare context, provider trust (Berry, 2000), defined as "a willingness to rely on an exchange partner in whom one has confidence" (Moorman et al., 1993, p. 82). In many instances, patients submit themselves completely to a healthcare provider, sometimes even temporarily living in the healthcare facility (Berry and Bendapudi, 2007). Given the lack of medical knowledge among most patients and specialized training often required to facilitate healing, it is understandable why patients often place high levels of trust in healthcare professionals and institutions (Rowe and Calnan, 2006).

Testimonials and source credibility

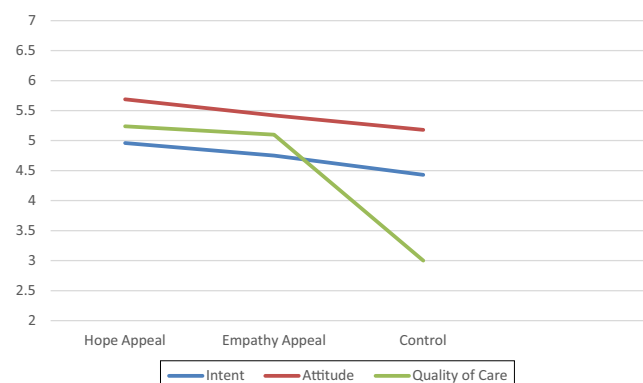
Testimonials derive their persuasive value from the authoritative presentation of information by the spokesperson. Two common types of testimonials used in marketing campaigns are typical person (or average user) and expert testimonials. Theoretical support for the testimonial approach comes from reference group theory. For example, consumers may be persuaded by typical person testimonials because they perceive themselves to be similar to such endorsers. Endorsements from ordinary people with product experience also allow consumers to learn experiential information quickly (Ahn and Bailenson, 2014), are weighted heavily in choice decisions (Shapiro and Spence, 2002) and can improve an individual's ability to process ad information because they allow the person to easily imagine future outcomes (Appiah, 2007).

Table I Summary of treatment means: Study 1^a

	Hope appeal	Empathy appeal	Control
Dependent variable			
Intent to use provider	4.96 (0.16)	4.75 (0.16)	4.43 (0.15)
Provider attitude	5.69 (0.13)	5.42 (0.13)	5.18 (0.12)
Quality of care	5.24 (0.13)	5.10 (0.13)	4.85 (0.12)

Note: ^aMean (SE)

Figure 1 Study 1 plots



Expert endorsers, on the other hand, derive their power to persuade from their expertise/knowledge, education, competence and/or credibility. Research supports that these expert testimonials produce greater agreement with the subject (claims in an ad) than the same information attributed to a non-expert (Biswas et al., 2006). Inclusion of a testimonial or endorser in an advertisement enhances its credibility and often leads to more favorable product attitudes (Raju et al., 2002).

The source-credibility model argues that the perceived credibility of a communicator is largely determined by dimensions of expertise and trustworthiness (Hovland and Weiss, 1951). Given this, for high-involvement and high-perceived risk product/services like healthcare, enlisting known experts or authorities to relay a message to a target population should be effective and may instill confidence in the provider. In a comprehensive review of five decades of studies on source credibility, Pornpitakpan (2004) concludes that highly credible sources are generally more persuasive than less credible ones. Past research examines the impact of endorsement on persuasion from several theoretical perspectives, including endorser to product fit, endorser to recipient congruence and overall source effects such as endorser attractiveness (Kahle and Homer, 1985) and perceived credibility (Kwon et al., 2015). In terms of product/endorser “fit”, we contend that a health professional testimonial is more appropriate for a cancer treatment facility advertisement than a typical person testimonial.

Choosing a healthcare provider may involve high risks, uncertainty and painful outcomes (e.g. when seeking cancer treatment). Consumers may have limited knowledge about such services, and information from a credible expert can help to corroborate beliefs, reinforce positive feelings and provide faith and assurance in promised outcomes. Inducing hope can also help instill confidence and motivate individuals to envision positive health outcomes. We argue that hope is best enhanced from care and support of others who are either highly credible and knowledgeable (e.g. medical experts) or close friends and family. The ability of unknown patients to generate hope is weaker, as they lack medical expertise and training, and do not have a strong personal connection or tie to the consumer. In line with this rationale, Black et al. (2014) find that strong (vs weak) ties are more highly associated with personal and affective connections and therefore lead to social and emotional support among customers. In the word-of-mouth realm regarding services, positive recommendations from those with strong ties are more likely to have positive effects than those from strangers (Koo, 2015).

Hence, we predict that an expert endorsement in a hope-eliciting healthcare provider ad will be more persuasive than an ad that utilizes an empathy appeal and/or a typical person testimonial from an unknown individual (e.g. patient). As depicted in Table II, Cell 1 construct means will be greater than means for Cells 2, 3 and 4. Thus:

H3. Compared to a non-emotional ad, an advertisement that induces hope and presents an expert testimonial will be more effective than a hope-inducing ad with a typical person testimonial or an empathy-based testimonial ad.

Table II Research design: Study 2

Appeal type	Hope appeal	Empathy appeal	control
Testimonial type			
Expert	1	3	5
Typical person	2	4	6

Method

Overview and procedure

S2 uses a 3 (appeal type: hope, empathy, control) × 2 (testimonial: expert, typical person) between-subjects design. Similar to S1, data were collected from an online, non-student consumer panel ($N = 326$: due to missing values, usable data from $N = 315$): 58 per cent female, with ages ranging between 19 and 82 ($M = 35$) years. Participants were randomly assigned to treatment groups.

Each subject first read the following instructional statement:

Over 12 million people in the United States have been diagnosed with cancer. The message that follows is about a cancer treatment program in the USA Please read it carefully and consider how you would react to the message if you or a loved one were diagnosed with cancer.

Next, participants viewed one of six advertisements which included the appeal-type and testimonial-type manipulations. Advertisements were for a fictitious cancer treatment center, Jefferson Memorial Cancer Center (JMCC). The same headlines and ad copy in S1 were used to manipulate appeal type (e.g. the hope appeal included the headline “Bringing Hope to Many” and ad copy ‘Our integrated treatment plan has brought hope to many’). The expert testimonial from a doctor (MD) stated:

Our medical teams use a collaborative approach to ensure our patients receive the best and most innovative treatment. Every patient is unique and we provide each patient with personalized care.

The typical person testimonial was from a cancer survivor: “My medical team that cared for me was exceptional from start to finish. The collaborative team approach was unique. I highly recommend JMCC to any cancer patient”. (Appendix).

Pretest of ad stimuli

A pretest was conducted to test the effectiveness of the appeal-type and testimonial-type manipulations described above. Participants ($N = 144$) viewed one of the six ads and then evaluated the ad and various executional elements. All analyses use a 3 (appeal type: hope, empathy, control) × 2 (testimonial type: expert, patient) between-subjects design. When asked if the headline and copy in the ad talked about hope, participants shown the hope appeal ($M = 7.26$) agreed more strongly than those exposed to the empathy ($M = 5.16$) or control ads [$M = 4.12$; $F(2, 138) = 32.62, p < 0.001$]. In contrast, when asked if the headline and copy in the ad talked about empathy, participants shown the empathy appeal ($M = 7.04$) agreed more strongly than those exposed to the hope ($M = 4.76$) or control ads [$M = 4.17$; $F(2, 138) = 23.04, p < 0.001$].

In response to the statement, “The advertisement made me feel that Jefferson Memorial would be more empathetic towards my needs”, the empathy appeal ($M = 7.04$) was rated higher than both the hope ($M = 6.54$) and control (non-emotional) ads [$M = 5.99$; $F(2, 138) = 3.68, p < 0.05$].

Similarly, in response to the statement, “The advertisement gave me hope about the Jefferson Memorial treatment facility”, the hope appeal ($M = 6.78$) was rated higher than the empathy ($M = 6.18$) and control (non-emotional) ads [$M = 5.75$; $F(2, 138) = 3.09$, $p < 0.05$].

When asked if the ad contained a statement from a medical expert, the ads with the expert testimonial yielded higher ratings than the patient testimonial ads [$M_s = 7.17$ vs 3.00 ; $F(1, 138) = 100.89$, $p < 0.001$]. Similarly, when asked if the ad contained a statement from a patient, the ads with the patient testimonial were rated higher than the expert testimonial ads [$M_s = 7.54$ vs 2.84 ; $F(1, 138) = 144.62$, $p < 0.001$].

The ads were also judged to be comparable in terms of professionalism, quality, believability, informativeness, overall affect (three items: $\alpha = 0.94$) and easy to understand (no main or interaction effects emerged). In summary, the above findings confirm that the appeal- and testimonial-type manipulations used in S2 behaved as intended.

Dependent measures

As in S1, after being exposed to one of the ads, participants responded to a series of questions designed to capture the key dependent measures (self-paced). (All measures were assessed via seven-point scales, unless otherwise indicated.) Ad effectiveness is assessed by five operational constructs: intent to use the healthcare provider’s services, efficacy attitude, perceived trust in the provider, endorser attitude and perceived quality of care provided by the provider. The likelihood of using the services of the healthcare provider (intent to use: $\alpha = 0.97$) is measured via: “If the situation called for it, how likely would you be to use the services of DDCC?” (three sets of end points labeled “unlikely/likely”, “improbable/probable” and “definitely would not/definitely would”). Efficacy attitude was captured via two (disagree/agree) statements (“I believe that the treatment and care provided by JMCC could help me or a loved one fight cancer” and “I believe that JMCC’s treatment facility would be effective”: SBRC = 0.92). Perceived quality of care was captured with two items (“poor/excellent”, “low quality/high quality”: SBRC = 0.95). Endorser attitude is created summing three scales (“bad/good”, “unfavorable/favorable” and “negative/positive”: $\alpha = 0.97$). Trust in the healthcare provider is measured via five statements adapted from Chaudhuri and Holbrook (2001): “I believe JMCC will deliver what it promises”, “I believe that JMCC’s claims are believable”, “I believe that JMCC is a healthcare provider I can trust”, “I believe I can rely on JMCC” and “I have confidence in JMCC” (end points strongly disagree/strongly agree; $\alpha = 0.96$).

Results

Hypothesis tests

The primary interest is to compare the hope versus empathy appeals that include a medical expert versus typical person (patient) testimonial. Thus, the first set of findings reports 2 (appeal type: hope, empathy) \times 2 (testimonial type: expert: typical person) ANOVAs for the key dependent measures of ad effectiveness. (Table III summarizes all treatment means, including those for the control groups that are not the primary focus here.) An appeal-type main effect for intent to use the

provider shows that the hope appeal is most effective at generating enhanced intentions to use the provider’s services [$M = 5.01$, $F(1,213) = 8.02$, $p < 0.05$] compared to the empathy appeal ($M = 4.49$), as predicted by H2 (Table III). As per H3, planned comparisons reveal that the hope appeal coupled with an expert testimonial produces the greatest intentions ($M = 5.16$ vs 4.86 , 4.54 , 4.44), but is not significantly greater than the other hope appeal with a typical person testimonial ($M = 4.86$). This suggests that testimonials enhance the power of a hope appeal but have little impact on an empathy-based appeal.

Similar patterns emerge for the efficacy attitude, endorser attitude and provider trust measures. The hope appeal enhances efficacy attitudes [$M = 5.33$, $F(1,213) = 9.95$, $p < 0.01$] compared to the empathy appeal ($M = 4.83$). Planned comparisons for attitude reveal that the hope appeal with expert testimonial ($M = 5.51$) is superior to both empathy ads ($M = 5.51 > M = 4.80$ and 4.86 ; $p < 0.05$), but it is not significantly better than the hope ad with a typical person testimonial ($M = 5.15$; $p > 0.05$). Third, the hope appeal yields increased provider trust [$M = 5.20$, $F(1,213) = 9.35$, $p < 0.01$] compared to the empathy appeal ($M = 4.75$). Planned comparisons for trust also show that the hope appeal is more effective than the two empathy ads ($M = 5.37 > M = 4.69$ and 4.80 ; $p < 0.05$), but only directionally better than the hope appeal with a typical person testimonial ($M = 5.03$).

The perceived quality of care and endorser attitude measures yield the most impressive results in support of H3. Per planned comparisons, the hope appeal with an expert testimonial advertisement enhances perceptions of the quality of care better than all other ads ($M = 5.33 > 4.98$, 4.94 , 5.07 ; $p < 0.05$). This is supported by two main effects [$F(1,213) = 4.99$, $p < 0.05$ for appeal type and $F(1,213) = 3.99$, $p < 0.05$ for testimonial type] and an appeal type \times testimonial type interaction [$F(1,213) = 7.80$, $p < 0.01$]. As indicated by the appeal type \times testimonial interaction and planned comparisons ($p < 0.05$), the hope appeal with expert testimonial generates higher endorser attitudes [$M = 5.70$, $F(1,213) = 11.44$, $p = 0.001$] compared to all other appeals ($M = 5.70 > M = 5.19$, 4.99 , 4.79 ; $p < 0.05$).

An alternative approach is offered to test H3. To examine the change in intent and attitude judgments in the test groups versus the control groups due to ad exposure (both positive and negative effects), difference variables for each construct scale (intent, efficacy attitude, perceived quality of care, provider trust and endorser attitude) are created by subtracting the mean score of the control group from the individual’s mean score for the particular scale (e.g. attitude score for individual – mean attitude score for the relevant control group). Such difference or gain scores allow us to compute relative treatment effects and their absolute magnitude. [Cook et al., 1979, Chapter 4.]

Planned comparisons ($p < 0.05$) of the difference score scales yield effects for all five dependent measures that support H3. As predicted, compared to a non-emotional ad, the hope appeal coupled with an expert testimonial is more effective than the other three ads tested here in terms of intent, efficacy attitude, perceived quality of care, endorser attitude and provider trust (Table IV and Figure 2). All main and interaction effects reported above emerge for the difference scores measures and are

Table III Summary of treatment means: Study 2^a

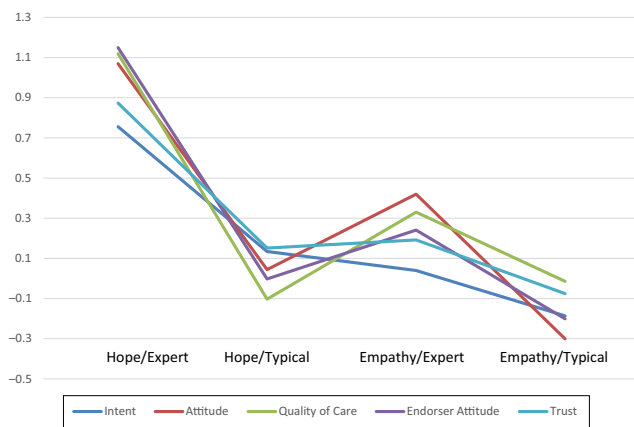
	Hope/Expert	Hope/Typical	Empathy/Expert	Empathy/Typical	Control/Expert	Control/Typical
<i>Dependent measures</i>						
Intent to use provider	5.16 (0.17)	4.86 (0.20)	4.44 (0.19)	4.54 (0.17)	4.40 (0.19)	4.72 (0.20)
Efficacy attitude	5.51 (0.13)	5.15 (0.17)	4.86 (0.16)	4.80 (0.15)	4.44 (0.17)	5.10 (0.17)
Quality of care	5.73 (0.15)	4.98 (0.17)	4.94 (0.16)	5.07 (0.15)	4.61 (0.16)	5.08 (0.17)
Endorser attitude	5.70 (0.15)	5.19 (0.18)	4.79 (0.17)	4.99 (0.15)	4.55 (0.16)	5.19 (0.16)
Provider trust	5.37 (0.14)	5.03 (0.16)	4.69 (0.15)	4.80 (0.14)	4.50 (0.16)	4.88 (0.16)

Note: ^aMean (SE)Table IV Summary of means for difference scores: Study 2^a

	Hope/Expert	Hope/Typical	Empathy/Expert	Empathy/Typical
<i>Dependent measures</i>				
Intent to use provider	0.76 (0.17)**	0.14 (0.20)	0.04 (0.19)	-0.18 (0.17)
Efficacy attitude	1.07 (0.15)**	0.05 (0.17)	0.42 (0.16)	-0.30 (0.15)
Quality of care	1.12 (0.15)**	-0.10 (0.17)	0.33 (0.16)	-0.01 (0.15)
Endorser attitude	1.15 (0.15)**	-0.002 (0.18)	0.24 (0.17)	-0.20 (0.15)
Provider trust	0.87 (0.14)**	0.15 (0.16)	0.19 (0.15)	-0.08 (0.14)

Notes: ^aMean (SE); ** This treatment is significantly higher than the other three groups ($p < 0.05$)

Figure 2 Study 2 plots-difference scores



not repeated here. Examination of the means and their signs (Table IV) supports that the hope appeal with an expert testimonial is significantly more effective compared to the control (non-emotional) ads, whereas the other three tested ads are visibly more similar to the non-emotional ads for all of the dependent variables. Interestingly, Table IV shows an overall tendency that the typical person testimonial did not contribute to the ad message, whereas the expert testimonial enhanced the hope appeal and had relatively little impact on the effectiveness of the empathy appeal. In summary, the difference score findings demonstrate that the hope appeal combined with an expert testimonial is the most effective of the ads tested ($H3$).

Discussion and conclusion

Theoretical implications

The role of emotions in decision making and as an advertising tool is well-established in the social science literature. This research offers theoretical implications for the influence of hope and empathy as marketing tools for illness treatment

providers by demonstrating the effectiveness of hope and empathy-based ads versus non-emotional ads, the prowess of hope in promoting positive outcomes and the effectiveness of an expert testimonial when incorporated within an ad that elicits hope.

Hope is a self-focused emotion which includes goal-directed determination and a planning of ways to meet goals, whereas empathy is an other-focused emotion which involves attempting to understand the plight of others through perspective taking. Two independent consumer panels exposed to ads for two types of healthcare providers show that hope and empathy appeals as measured by intent to use the provider, attitude and perceived quality of care are superior to non-emotional ads.

Findings (S2) also support that a hope-based appeal with an expert testimonial is more effective compared to other ad formats tested. S2 confirms that, a hope appeal for a cancer treatment provider can be especially powerful (effective) when coupled with an expert testimonial. A hope ad with a testimonial by an expert can confirm beliefs, promote positive feelings and mitigate uncertainties. From an evolutionary theoretical perspective, the self-referential, goal-directed nature of hope was apparently effective in leading consumers to envision positive outcomes. Planned comparisons (S2) show that the hope appeal with an expert testimonial generated the most favorable intentions, efficacy attitude, perceived quality of care and endorser attitudes relative to the empathy and non-emotional ads. Although an expert testimonial enhances the power of a hope appeal, testimonials had little impact on the empathy-based appeal ad. This variance in effects for the hope and empathy appeals is consistent with an evolutionary perspective that different positive emotions may have varying effects on persuasive message processing (Griskevicius et al., 2010). The typical person testimonial had little persuasive power and, in some instances, may have detracted from the ad message. Respondents lacked a close connection with the unknown

endorser and may have been skeptical of a patient testimonial, as these are often perceived to be fake or exaggerated.

A seemingly inconsistent finding between S1 and S2 is that a hope appeal for a cancer treatment center was more effective than an empathy appeal, whereas when the ad was for a diabetes treatment center (S1), the hope appeal was only directionally superior (*H2*). The explanation for the heightened importance of hope compared to empathy in S2 may lie in the more terminal nature of cancer compared to diabetes. The latter is a life-threatening disease, but one that often can be managed with medical treatment, i.e. the prognosis is not always death. However, S2 ads included a testimonial, and thus, the varying appeal effect in S1 and S2 may also indicate that the addition of a testimonial had a differential impact on the hope and empathy appeals (as argued above). Perhaps the testimonial was more diagnostic in the processing of the hope appeal.

Practical implications

With growing competition within the healthcare industry, advertisers and their agencies must determine how best to appeal to their audiences, including patients, their loved ones and caretakers. Emotional appeals often stand out because they have the ability to reach individuals on a personal level. Emotions such as hope and empathy can continuously influence the way people view their relationship with an exchange partner over time, and thus can help build trusted relationships. In particular, fostering an emotion such as hope across marketing communication platforms can not only increase favorable evaluations toward the healthcare provider, but also motivate patients to reach their goals. Hope can also serve to emotionally strengthen as well as engage patients, which is important as engaged patients are more likely to comply with treatment, seek preventative care and are less inclined to participate in unhealthy behaviors (Downing and Jura, 1998).

The research reported here also yields interesting insights into trust and its relationship to hope appeals that incorporate expert testimonials. Trust, characterized by one party, the trustor, having positive expectations (or hope) regarding the competence of the other party (Rowe and Calnan, 2006), is especially relevant in a healthcare context because the individual typically surrenders completely to the healthcare provider. In fact, the trust that consumers assign to a healthcare provider underscores to some extent the level of dependency and vulnerability they experience at the hands of the provider.

In S2, a hope appeal coupled with an expert testimonial was more effective at enhancing consumer perceptions of a cancer treatment healthcare provider. When expert testimonials are connected with services that require high levels of expertise or advanced technology and consumers have limited knowledge (e.g. oncology, cardiac services), expert testimonials can be especially effective at cultivating positive perceptions. Thus, healthcare advertisers using hope appeals directed at consumers should consider including expert testimonials in their advertisements. Patient testimonials may be effective for ads that are targeted toward patients seeking treatment if the patient seeking treatment identifies with the testimonial patient.

Although emotional appeals can be very useful in health care, temperance should be exercised in their application. Emotional appeals not accompanied with information about

risks or other alternatives may lead patients to pursue care that is either unnecessary or unsupported by scientific evidence. Advertisers should work to ensure that there is a balance between healthcare advertising which connects with consumers emotionally and advertising which provides accurate information. They must not overpromise and must be able to substantiate all ad claims. Any medical procedure, no matter how “routine”, has some degree of risk, and thus, healthcare advertisements must be designed to help individuals make safe and informed health decisions.

Future research and limitations

While empathy plays a large part in healthcare decisions, it was less effective as an advertising executional element in S2. This may be in part related to the innate nature of empathy (Brody, 2010), i.e. some individuals lack the ability to feel real empathy. However, empathy is a multi-dimensional concept (Bagozzi and Moore, 1994), and future research might test which dimensions matter most in various healthcare contexts. In addition, exploring the impact of additional and appropriate emotions may also provide additional insight into healthcare decision making. Trying to influence ill patients via a fear appeal may backfire, or making fun of one’s illness (humorous appeal) may be seen as insensitive, and thus, advertisers must tread carefully. Other types of emotional appeals may be more promising and deserve examination.

S2 incorporated one factor shown to impact the effect of appeal type on ad effectiveness, type of testimonial. To the extent that a testimonial from a medical expert is perceived to be credible, it should have more impact than a testimonial from an unknown non-expert when used in an ad for an illness treatment provider. Future research may examine other influential factors (e.g. mindset). As healthcare advertisers look for new ways to reach and appeal to consumers, researchers should also examine executional formats not tested here.

The samples and contrived viewing environment may limit generalizability; however, there is a trade-off between realism and control. Our primary interest was to study cause-and-effect relationships and those are best examined via an experimental design. Participants viewed the ad stimuli immediately prior to responding to the dependent measures. While this approach used is common in advertising experiments, future research might present the ad stimuli in a more natural setting among competing (filler) ads to limit the effects due to forced exposure to ad stimuli.

Both studies featured advertisements for healthcare services for chronic and serious illnesses. Healthcare services for these illnesses require a high level of expertise. Future research may investigate the efficacy of using emotional appeals for illnesses that are less serious and more routine (e.g. broken bones, flu). Finally, research that explores other advertising media (e.g. broadcast, social media, online) is warranted. Social media can be especially effective at generating engagement, influencing referrals and message sharing. Evidence supports that engaged patients are more likely to comply with treatment, seek preventative care and are less inclined to participate in unhealthy behaviors (Downing and Jura, 1998). Effects for a series of dependent variables are reported, but future endeavors may include measures of “engagement”, referrals, message sharing and word-of-mouth communication.

Note

- 1 The ad talks about the empathy exhibited by the facility's healthcare workers, and the manipulation check assesses the extent to which the ad invoked empathy. S1 data did not include a direct measure that assesses if the ad displayed empathy.

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Corresponding author

Elyria Kemp can be contacted at: ekemp@uno.edu

Appendix

Study 2 advertisements

Figure A1 Hope appeal/Expert testimonial ad

Bringing Hope to Many

At Jefferson Memorial Cancer Center (JMCC), we believe there isn't one way to beat cancer - there are hundreds.

For nearly 35 years, JMCC has been treating patients with cancer using advanced technology and a personalized, multi-disciplinary approach. We are committed to finding the right combination of personalized cancer treatments for our patients. Our integrated treatment plan has brought hope to many.

"Our medical teams use a collaborative approach to ensure our patients receive the best and most innovative treatment. Every patient is unique and we provide each patient with personalized care."

—Milton Anthony, MD

If you or your loved one has been diagnosed with cancer, JMCC is ready to help. Please give us a call at 1-800-588-5050.

JMCC
Jefferson Memorial Cancer Center

Figure A2 Empathy appeal/Typical person testimonial ad

Delivering Empathetic Care

At Jefferson Memorial Cancer Center (JMCC), we are responsive to your needs and provide care in a warm, compassionate setting.

For nearly 35 years, JMCC has been treating patients with cancer using advanced technology and a personalized, multi-disciplinary approach. We are committed to finding the right combination of personalized cancer treatments for our patients and we deliver empathetic, patient-centered care.

"My medical team that cared for me was exceptional from start to finish. The collaborative team approach was unique. I highly recommend JMCC to any cancer patient."

—Patti, 45, cancer survivor

If you or your loved one has been diagnosed with cancer, JMCC is ready to help. Please give us a call at 1-800-588-5050.

JMCC
Jefferson Memorial Cancer Center

Figure A3 Non-emotional appeal/Expert testimonial ad

Jefferson Memorial Cancer

At Jefferson Memorial Cancer Center (JMCC), your treatment team includes experienced cancer specialists. Our integrated practice brings together a multispecialty cancer treatment team of experts to ensure you receive high quality

Your primary relationship will be with a multi-disciplinary team, where surgeons, medical oncologists, radiation therapists and other cancer specialists work together under one roof for multi-disciplinary cancer treatment.

"Our medical teams use a collaborative approach to ensure our patients receive the best and most innovative treatment. Every patient is unique and we provide each patient with personalized care."

—Milton Anthony, MD
Certified Oncologist

If you or your loved one has been diagnosed with cancer, JMCC is ready to help. Please give us a call at 1-800-588-5050.

JMCC
Jefferson Memorial Cancer Center