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Influence of Future Time Perspective on Involvement: an Approach With Two Studies

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Influence of Future Time Perspective on Involvement: An Approach with two Studies

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EXTENDED ABSTRACT

Both marketers and scholars have recognized the growing economic relevance of older consumers (Yoon, 1997; Yoon et al., 2005). While demographic change alone cannot justify research on older individuals' consumer behaviour, this field is nevertheless important as there is a great deal of evidence regarding age differences in consumer behaviour (see e.g. Yoon & Cole, 2008). The aim of this research is to extend current knowledge of older consumers' behaviour, focusing on involvement and future time perspective (FTP). Furthermore, older consumers face new challenges in daily life, for instance in the realm of medical decision-making (Wood, Shinogle, & McInnes, 2010). We propose recommendations for the development of customer approaches in the context of colon cancer prevention.

INVOLVEMENT

Involvement is defined as "a person's perceived relevance of the object based on inherent needs, values and interests" (Zaichkowsky, 1985, p. 342), and has an affective and a cognitive dimension (Zaichkowsky, 1985, 1987, 1994). It affects the cognitive effort people put into decision-making processes (Bienstock & Stafford, 2006; Mittal, 1995). Research mostly focuses on product involvement (Laurent & Kapferer, 1985; Michaelidou & Dibb, 2006, 2008; Mittal, 1995). This paper extends research in the area of services (Bienstock & Stafford, 2006; Varki & Wong, 2003) and health services in particular (Shaffer & Sherrell, 1997).

FTP

FTP, a construct embedded in the socioemotional selectivity theory (SST), describes a person's subjective perception of time left to live. FTP can vary depending on life situation (Bouffard, Lens, & Nuttin, 1983; Carstensen & Fredrickson, 1998) and lifestyle (Lang & Carstensen, 2002), and can be influenced through framing in advertisements (Fung & Carstensen, 2003; Fung, Carstensen, & Lutz, 1999; Williams & Drolet, 2005).

SST provides a comprehensive approach to explaining age related differences in consumer behaviour (Drolet, Lau-Gesk, Williams, & Jeong, 2010). For example, consumers with a more limited FTP prefer more positive information in a health context, and avoid negative information (Löckenhoff & Carstensen, 2007). Yet, ignoring information is an important issue in the health care context (Löckenhoff & Carstensen, 2004). Furthermore, older adults' focus on emotions has been identified in many different studies (for a commentary see Drolet, Lau-Gesk, Williams, & Jeong, 2010). SST holds that this focus on emotions is due to older individuals' limited FTP (Carstensen, 2006).

HYPOTHESES

Health is of emotional relevance, especially for older adults. According to SST, emotionally relevant goals are prioritized by adults with a limited FTP. We therefore derive the following hypothesis:

Hypothesis 1: Adults with a limited (vs. expansive) FTP have a high (vs. low) affective/ cognitive involvement in colon cancer prevention.

In order to prove that the FTP-involvement link is not mainly based on a cohort effect, we hypothesize that FTP manipulation influences involvement as follows:

Hypothesis 2: Affective/ cognitive involvement can be increased (vs. reduced) through limited (vs. expansive) FTP framing.

METHOD

To test H1, study 1 was carried out among 538 younger (mean age: 25.03) and 482 older adults (mean age: 57.89). After reading a text containing information about colon cancer prevention, participants answered a questionnaire including an involvement (Hagendorfer, 1992; Zaichkowsky, 1994) and an FTP scale (Carstensen & Lang, 1996; Lang & Carstensen, 2002). Cronbach's alphas were good for involvement (.913) and FTP (.905).

In Zaichkowsky's involvement concept and in SST, the emotional component is a substantial part (Zaichkowsky, 1987). Therefore we checked for the influence of emotions. Furthermore we included questions regarding lifestyle (cf. Reitzler, 2001; Hess, 2001).

In order to test H2, for study 2 we added an FTP frame (based on Williams & Drolet, 2005) in the text about colon cancer prevention. A 2 (older vs. younger adults) x 3 (limited vs. expansive vs. control condition) between-subjects design resulted. 160 younger (mean age: 23.58) and 127 older adults (mean age: 64.38) participated in this experimental study.

STUDY 1

Our results confirm that FTP influences involvement. Analyses relied on structural equation modeling using AMOS 19. The fit indices show the acceptable model fit ($\chi^2/d.f.=7.439$, RMSEA=.079, IFI=.852, CFI=.851). The paths from FTP to affective involvement (-.17, $p<.001$) and cognitive involvement (-.26, $p<.001$) were significant. Thus, H1 is supported. The results (see figure 1) show that the path from FTP to lifestyle is significant (.55, $p<.001$). Furthermore, lifestyle is related to cognitive involvement (.10, $p<.001$). As expected, emotions have an impact both on affective (.87, $p<.001$) and cognitive (.84, $p<.001$) involvement. Findings are consistent with the assumptions of SST and earlier research on involvement.

STUDY 2

A 2 x 3 ANOVA on the FTP index found a significant effect for framing group ($F(5, 280)=28.582$; $p<.000$). Although this effect is attributed to differences between age groups rather than framing (see table 1), data encourages the view that FTP framing can influence involvement. Two 2 x 3 ANOVAs on the affective involvement ($F(5, 268)=6.539$; $p<.000$) and cognitive involvement ($F(5, 278)=8.491$; $p<.000$) indices found significant effects. Differences exist between age groups: younger participants have a more expansive FTP and are less involved than older participants. Thus, we again find support for H1. Furthermore, older individuals are less involved in the limited frame than in the expansive frame and in the control condition. For the young, the results do not show clear framing effects (see table 1).

Figure 1
The relationship between FTP and Involvement: Structural Equation Model Results

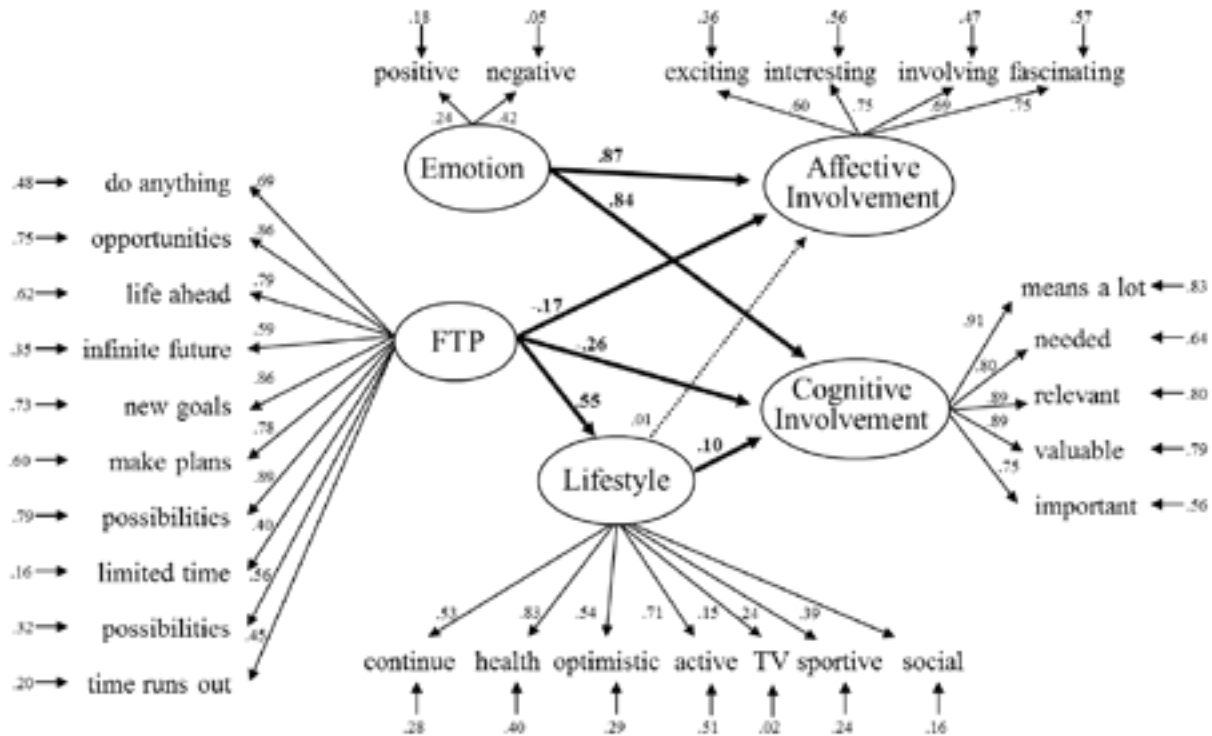


Table 1
Study 2 Results

	Younger adults		
	Expansive	Limited	Control
Frame			
FTP	2.35 (.69)	2.19 (.63)	2.31 (.66)
Affective involvement	4.02 (1.35)	4.04 (1.09)	4.22 (1.17)
Cognitive involvement	2.98 (1.28)	3.13 (1.07)	3.24 (1.30)
	Older adults		
	Expansive	Limited	Control
Frame			
FTP	3.63 (1.17)	3.63 (1.38)	3.73 (1.16)
Affective involvement	3.06 (1.59)	3.62 (1.22)	3.05 (1.37)
Cognitive involvement	2.10 (1.52)	2.51 (1.55)	1.77 (1.21)

Results imply that older and younger adults react differently to FTP framing. While a limited FTP frame seems to alienate the elderly from screenings, merely mentioning life time seems to provoke positive reactions towards prevention among the young. Although H2 is not supported, results indicate that the FTP-involvement link is independent from cohort effects.

CONTRIBUTIONS

FTP affects involvement in the context of health care services. Furthermore, involvement can be influenced through FTP manipulation. These findings provide players in the health care sector with the possibility of adopting FTP-based approaches for successfully addressing older customers. Concerning the participation in medical screenings, consumers could be activated more efficiently. Future research should verify if the relationship between FTP and involvement exists for other services.

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