Competition and its influence on consumer decision making in social marketing

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Abstract

This paper extends the largely conceptual understanding of competition in social marketing by empirically investigating, from a consumer perspective, the nature of competition and its influence on decision making at the individual level. Two phases of qualitative inquiry in Australia, comprising 30 and 20 semi-structured interviews respectively, examined the role of competition in young adults’ decision to adopt and maintain help-seeking for mental ill-health. The findings from thematic analysis suggest that competition operates at both the behavioural and goal level to influence consumers’ decision to perform behaviour and that the types of competition in operation may vary from the adoption to the maintenance of behaviour. The findings are integrated into a framework that social marketers could employ to identify, analyse and address competition.

Summary Statement of Contribution

The paper furthers understanding of competition in social marketing. First, it provides an empirically derived framework that showcases the multi-dimensional nature of competition from a consumer perspective. Significantly, the paper also provides a step toward improved understanding of the manner in which competition influences consumer decision making at the individual level. Last, it builds on research investigating an important, but under-researched, target behaviour in social marketing: help-seeking for mental ill-health.

Keywords Competition; social marketing; help-seeking; mental health; Goal Systems Theory
Introduction

Freedom of choice is a cornerstone of social marketing given its focus on influencing voluntary behaviour for social good (Andreasen, 2004). Competition stems from consumers’ freedom of choice and obstructs social marketing efforts (Hastings, 2007). Accordingly, consideration of competition is one of the benchmark criteria of the social change framework (see Andreasen, 2002; National Social Marketing Centre [NSMC], 2010). Despite this, competition remains largely neglected in the social marketing literature (Gordon, 2013; Noble & Basil, 2011). A small number of studies have undertaken competitive analyses (e.g. Deshpande & Rundle-Thiele, 2011; Noble, Stead, Jones, McDermott, & McVie, 2007), while others have developed typologies of competition (e.g. Clay-Wayman, Beall, Thackeray, & McCormack Brown, 2007; Weinberg & Ritchie, 1999). There has been only limited empirical validation of these typologies, however, and the manner in which competition influences consumers’ decision making has received little research attention.

Competition in social marketing, often more nebulous and varied than commercial marketing competitors (McDermott, Stead, & Hastings, 2005), forms a key barrier to consumers’ decision to adopt target behaviour (Schuster, Drennan, & Lings, 2013). As such, there is a need to understand competition (Gordon, 2012; Lefebvre, 2011; Peattie & Peattie, 2009), particularly from consumers’ point-of-view (Andreasen, 2004; Noble & Basil, 2011). Social marketing programs that fail to adequately understand and address competition, whether organisational (originating from an entity) such as fast-food multinationals or individual (originating within the individual) such as sedentary behaviours, are unlikely to be successful (Noble & Basil, 2011). Improved understanding of competition is important to enable social marketers to more effectively minimise or remove competition (Johnson, Jones,
& Iverson, 2009; McDermott et al., 2005) or promote advantage over competition (Deshpande & Rundle-Thiele, 2011).

This study investigates the types of competition operating within, as well as the manner of their influence on, consumers’ decision to seek help for mental ill-health, an important but under-researched behavioural domain in social marketing (exceptions Andreasen, 2004; Corrigan, 2013; Evans-Lacko, Henderson, Thornicroft, & McCrone, 2013; Phillipson, Jones, & Wiese, 2009; Schuster et al., 2013; Thackeray, Keller, Hielbronner, & Dellinger, 2011). Mental illness is a global public health concern (Harrison et al., 2011) and help-seeking is a voluntary, modifiable behaviour that is important for improved mental health, but frequently not enacted (Oliver, Pearson, Coe, & Gunnell, 2005). Understanding how competition inhibits help-seeking is therefore critical as a lack of help-seeking increases the risk of serious outcomes such as hospitalisation (Kessler et al., 2003).

This research therefore contributes to the social marketing literature by extending the largely conceptual understanding of competition. First, it will present a typology of competition empirically derived from the point-of-view of consumers. Second, it will provide insight into how competition influences consumers’ decision making. As such, it is expected that this study will present social marketers with insights for developing more competitive propositions and offerings. To begin, this paper presents an overview of relevant literature on competition and consumer decision making in social marketing. Second, the qualitative methodology of the research, conducted in Australia, is outlined. Following this, the findings of the research are presented and their implications discussed.
Competition in social marketing

Understanding competition continues to be an important, although contentious (Peattie & Peattie, 2003, 2009), aim in social marketing (see Gordon, 2012; Lefebvre, 2011). Although there are no universally accepted conceptualisations or typologies of competition (Clay-Wayman et al., 2007; Noble & Basil, 2011), recently Noble and Basil (2011) have drawn upon extant literature (i.e. Andreasen, 1995, 2002, 2006) to propose a conceptual framework of competition comprising four levels: generic, enterprise, product and brand competition. At the highest level of abstraction, generic level competition constitutes any force that competes with the focal social problem for attention, funding and/or support. This is consistent with Peattie and Peattie’s (2003) conceptualisation of competition as a ‘battle of ideas’ (p. 375), said to entail gaining adoption of the target behaviour by attracting the attention of the target audience and fostering their acceptance of the social marketing offering notwithstanding competing ideas from commercial counter-marketing, social discouragement, apathy and involuntary declination (such as addiction). At a lower level of abstraction, Noble and Basil (2011) define enterprise level competition as existing between different approaches to addressing the social problem, such as increasing physical activity or improving diet to target childhood obesity. More narrowly, product level competition refers to competing behaviours within the same general approach to addressing the social problem, such as individual exercise or team sports as a means to increase physical activity. Last, brand level competition is the most narrowly defined level of competition, comprising similar behaviours advocated by other entities with the same social goal. Overall, this typology highlights that competition in social marketing is proposed to exist at several levels of abstraction, from behavioural competition to less tangible, ideas-based competition. This is consistent with the view that competition in social marketing is whatever the target audience perceives it to be (Noble &
Accordingly, this paper takes an inductive approach to exploring the nature and influence of competition.

Another important dimension of competition in social marketing is whether it originates from an external entity (organisational competition) or internally (individual level competition) (Clay-Wayman et al., 2007; Hastings, 2003; Noble & Basil, 2011). With respect to individual level competition, Andreasen (2004) conceptualises competition as either inertia or a range of ‘better things to do’ (p. 69). Inertial competition captures consumers’ tendency to maintain existing behaviours, particularly when faced with social marketing behaviours that are generally difficult to enact with long-term, rather than immediate, benefits (Hastings, 2003, 2007). This can be likened to Kotler and Lee’s (2008) proposition that consumers’ entrenched behaviours, or long-standing existing behaviours, compete with the appropriation of social marketing behaviours. Kotler and Lee (2008) further contend behaviours preferred by the target audience are another highly prevalent form of competition. With respect to organisational level competition, Hastings (2003) defines purposeful competition as ‘the competition that McDonald’s and Coke present to social marketing of healthy eating’ (p. 8).

In short, purposeful competition derives from an identifiable entity encouraging behaviours that conflict with the behaviour targeted by social marketing. This is consistent with Kotler and Lee’s (2008) suggestion that organisations who promote counter or opposing behaviours are a source of competition. Nevertheless, it is also important to recognise competition arising from organisations who promote the same target behaviour, termed ‘friendly competition’ (Bloom & Novelli, 1981, p. 86; Weinberg & Ritchie, 1999). This notion of ‘friendly competition’ highlights that competition can be complementary rather than combative when it addresses the same social problem, and may provide an opportunity for collaboration (Noble & Basil, 2011; Ritchie & Weinberg, 2000).
The present research examines individual level competition exclusively in accordance with social marketing’s focus on understanding behaviour at the individual level (Andreasen, 2002). However, continued focus on the individual has been criticised on the basis that many social marketing behaviours are influenced by factors beyond the control of the individual (e.g. Collins et al., 2010; Hastings, MacFadyen, & Anderson, 2000; Szmigin, Bengry-Howell, Griffin, Hackley, & Mistral, 2011). Valuable steps toward addressing this limitation have included community-based social marketing (McKenzie-Mohr & Smith, 1999), as well as the application of a social ecology model to social marketing (Collins et al., 2010). Nevertheless, this research maintains an individual level perspective in accordance with Andreasen’s (2003) argument that a fundamental understanding of individuals’ behaviour remains critical since all social change necessitates that, at some stage, individuals change their behaviour.

In summary, it is evident from the literature that competition in social marketing is proposed to possess several levels and dimensions (see Basil & Noble, 2011); however, there has been insufficient empirical validation of this proposition. A further shortcoming of the literature is that previous conceptualisations of competition provide only limited insight into how competition operates to influence consumers’ decision to perform target behaviour. The following section provides a brief review of the theories of consumer decision making commonly employed in social marketing to further understanding of the extent of this shortcoming.

**Consumer decision making in social marketing**

There are numerous theories and models that describe the consumer decision making process as it relates to behaviour change in social marketing. Although a complete review of these theories and models is beyond the scope of this paper (see Donovan, 2011), they can be
broadly classified into continuum models, which typically emphasise how attitudes and
beliefs influence individual decision making and behaviour change, and stage models, which
typically emphasise how behaviour change occurs over time in qualitative stages (Donovan,
2011; Schwartzer, 2008). The most prominent continuum models are the Theory of Reasoned
Action (TRA) (Fishbein & Ajzen, 1975) and its extension, the Theory of Planned Behaviour
(TPB) (Ajzen, 1991) (Donovan, 2011). According to the TRA, behavioural intention is the
proximal determinant of behaviour and is jointly determined by the individual’s attitude and
the subjective norms surrounding the behaviour. The TPB extends the TRA by taking into
account the effects of an individual’s perceived behavioural control on their intention to
perform the behaviour. These models do not explicitly account for the influence of
competition on consumers’ decision making as such attitudinal models generally focus only
on the behaviour underpinning the study (Richetin, Conner, & Perugini, 2011).

Continuum models assume change occurs in a linear fashion for all consumers
(Schwartzer, 2008). Stage theories, such as the widely applied (e.g. Logie-Maclver &
Piacentini, 2010) Stages of Change model (Prochaska & DiClemente, 1982), overcome this
limitation by proposing a number of qualitative stages within which individuals have
different attitudes, beliefs and motivations with respect to the target behaviour (Donovan,
2011). The target audience thus moves through the stages of pre-contemplation (individuals
do not recognise the need for change), contemplation (individuals recognise the problem and
consider change), action (individuals adopt the target behaviour) and maintenance
(individuals actively maintain new behaviour) (Andreasen, 2004; Prochaska & DiClemente,
1982). Whilst social marketing’s strength lays in changing behaviour once target individuals
reach the contemplation stage, there is a bias toward examining only consumers’ adoption,
rather than maintenance, of target behaviour in the social marketing literature (Andreasen,
2003, 2004). Moreover, similar to the continuum models discussed previously, the Stages of
Change model does not explicitly account for the influence of competition on consumers’ decision making.

This albeit brief review of consumer decision making models in social marketing suggests that research investigating the manner in which competition influences consumer decision making preceding and subsequent to the adoption of target behaviour may be useful. Specifically, the findings of this research could be employed to extend these models to more completely capture the consumer decision making process and should contribute to mitigating the bias toward examining only consumers’ adoption of target behaviour (Andreasen, 2003, 2004).

**Method**

**Context**
Mental illness has an estimated annual cost to society of $20 billion in Australia alone (Australian Bureau of Statistics [ABS], 2011). This is partly owing to the fact that those affected by mental illness often do not seek professional help (Harrison et al., 2011). In Australia, for instance, only 35% of people who report suffering from mental ill-health also seek help (Australian Bureau of Statistics [ABS], 2007), despite the availability of mental health services nationwide (Australian Institute of Health and Wellbeing [AIHW], 2012). A further problem is that drop-out from psychotherapy is common (Bados, Balaguer, & Saldaña, 2007). A key challenge from a social marketing perspective is therefore to increase the initial and maintained help-seeking behaviour of at-risk individuals. Help-seeking behaviour can be directed toward professionals or alternatively, certified self-help programs (Rickwood, Dean, Wilson, & Ciarrochi, 2005). Recently, self-help programs delivered via mobile phone, termed ‘mHealth services for mental health’, have emerged as a way to
overcome some of the barriers to help-seeking (Luxton, McCann, Bush, Mishkind, & Reger, 2011), including stigma and embarrassment, privacy concerns, cost and inconvenience (Gulliver, Griffiths, & Christensen, 2010). These advantages, together with growing support for their clinical efficacy (e.g. Harrison et al., 2011; Proudfoot et al., 2013), suggest mHealth services for mental health may be instrumental to increasing help-seeking. As such, initial and maintained help-seeking from mHealth services for mental health form the specific behavioural context of this research.

**Research design**

A qualitative methodology was employed to explore the nature and effect of competition on consumers’ decision to seek help from mHealth services for mental health. This approach is appropriate since the study seeks to gain in-depth insight into a little understood phenomenon (Hair, Bush, & Ortinau, 2003). Semi-structured depth interviews were conducted with young adults, all aged between 18 and 25 years old, with self-reported low-to-moderate stress, anxiety and/or depression as research suggests mHealth may be useful for addressing mild-to-moderate mental health conditions (Proudfoot et al., 2010). The target audience was selected as mental illness is a leading cause of morbidity in this segment owing to a high prevalence of mental ill-health and low levels of help-seeking (Phillipson et al., 2009). Data collection occurred in two phases, focusing on (1) young adults’ decision to seek help from mHealth services for mental health and (2) young adults’ decision to maintain help-seeking from a mHealth service for mental health over time.

Phase 1 involved interviewing young adults who had not previously sought help from a mHealth service for mental health to examine the effect of competition on their decision to seek help from this source. Young adults who had previously sought help were excluded to prevent bias from recall and post-rationalisation of their decision to use the service. Purposive
sampling was used to recruit participants primarily through a press release requesting that young people who identified with feeling mildly to moderately stressed, worried or low, volunteer. Additional participants were recruited through snowball sampling. Bernard and Ryan (2010) suggest this method is appropriate since the target population is uniquely defined and hard to reach. This meant young adults had to actively self-select to participate in the research. The interviews were conducted face-to-face with a trained interviewer at a health clinic with psychotherapy services at hand. They ranged between 30 to 80 minutes, averaging 55 minutes.

Phase 2 involved interviewing young adults who had sought help from a mHealth service for mental health to examine the effect of competition on their decision to maintain this behaviour over time. The automated self-help service was delivered via the Internet and assisted users to track their moods, symptoms and behaviours in real time. It also provided graphical feedback about their monitoring to help them recognise change and identify triggers to their moods. The service also included psychological modules, SMS reminders, an online diary, helpful tips and information, and motivational statements. Participants in this phase were volunteers, recruited primarily through media advertising, who had been randomly allocated to the test group of a randomised controlled trial of the mHealth service for mental health. The interviews were conducted over the telephone and ranged from 20 to 60 minutes, averaging 25 minutes. Although some research suggests telephone interviews are more affected by social desirability bias than interviews conducted face-to-face (Holbrook, Green, & Krosnick, 2003), this method was employed to maintain respondent anonymity. It is important to note that other research has found no difference in the type of responses between face-to-face and telephone interviews (Sturges & Hanrahan, 2004). All of the interviews were audio recorded with permission from participants. All participants received a $30 gift voucher.
**Interview guide**

The present research formed part of a larger project investigating young adults’ help-seeking from mHealth services for mental health in Australia. For Phase 1, the interview guide included two questions that were used as a platform to explore the nature and influence of competition on help-seeking behaviour: (1) ‘What would influence whether you would use a mobile phone mental wellbeing service or not?’ and (2) ‘Imagine using a mobile phone mental wellbeing program, what do you think would be the most important features of such a service for you?’ For Phase 2, the interview guide included two questions that were used as a platform to explore the nature and influence of competition on maintained help-seeking: (1) ‘What factors motivated you to continue using the service?’ and (2) ‘What factors discouraged you from continuing to use the service?’ Additional probing questions were used to facilitate further exploration of participants’ comments regarding competition, as is characteristic of semi-structured interviews (Cachia & Millward, 2011).

**Sample**

Data saturation occurred at 30 interviews for Phase 1 and 20 interviews for Phase 2. The sample for Phase 1 included 20 females and 10 males, 14 of whom were students. This is a slightly lower ratio than the national average of 63% of young people in some form of education (Australian Government, 2006). The sample for Phase 2 included 16 females and four males. No other demographic information was collected to maintain participant anonymity. Eleven participants in Phase 2 had maintained use of the self-help service for the recommended period of time and nine participants had discontinued the therapeutic service prematurely. This is consistent with the dropout range from between two to 83%, with an average of 31%, across 19 studies of internet-based therapeutic treatment services for psychological disorders (Melville, Casey, & Kavanagh, 2010) similar to the mHealth service.
in that they involved minimal therapist contact. The bias towards female participants across Phase 1 and Phase 2 is consistent with research showing that young men are the least likely group to seek professional help (Rickwood et al., 2005). All participants are referred to by pseudonym to protect their anonymity.

**Analysis**

In preparation for data analysis, the interview recordings were professionally transcribed verbatim and then checked against the original audio recording for accuracy. The transcripts were thematically analysed with the assistance of QSR NVivo 10, a qualitative data management software tool. The analysis was guided by the phases of thematic analysis outlined by Braun and Clarke (2006). First, each interview transcript was reviewed to gain an understanding of the depth and breadth of its content. To identify emergent themes relevant to the nature and influence of competition on participants’ decision making, open and in vivo coding were used in first cycle coding. In accordance with Saldana (2009), pattern coding followed to group codes into themes on the basis of similarity and/or correspondence. Finally, the themes from the empirical research were reviewed in light of the literature.

**Findings and discussion**

**Types of competition**

Overall, the findings suggest competition did influence participants’ decision to seek help, and maintain help-seeking, from mHealth services for mental health. From the data, it appears two types of competition were in effect at the individual level and from a consumer perspective. First, behaviours conducive to the same personal goal, being improved mental health, as using mHealth services for mental health seemed to inhibit help-seeking from this
source. This form of competition is termed ‘direct competition’. Second, help-seeking from mHealth services for mental health was also inhibited by behaviours conducive to competing or opposing personal goals, such as career progression, termed ‘indirect competition’.

With regards to direct competition, participants highlighted alternative means to improving their mental health as reasons for their decision not to seek-help from mHealth services for mental health. Two primary categories of direct competition to help-seeking from mHealth services for mental health were identified. Some participants expressed a preference for seeking help from informal sources, such as their friends and family, as a means to improve their mental health. John\(^2\), for instance, emphasised that he would only seek help from a mHealth service if support from his friends did not adequately address his needs. This seems to correspond to Basil and Noble’s (2011) enterprise level competition, which describes the competition between different approaches to addressing the social problem.

If I don’t have any other options or I wasn’t able to find any other solutions from my friends or peers, then I would try to use that service (John, Male, Phase 1).

Participants also reported considering other professional sources of help, such as self-help books and face-to-face mental health services. The direct competition presented by help-seeking from other professional mental health services, rather than mHealth services, is similar to product level competition described by Noble and Basil (2011) as arising between alternatives within the same general approach to addressing a social problem. It also substantiates the notion of ‘friendly competition’ (Bloom & Novelli, 1981, p. 86; Weinberg & Ritchie, 1999) or the idea that competition can be complementary in that it contributes to addressing the same social problem, but still compete with the focal target behaviour (Noble & Basil, 2011; Ritchie & Weinberg, 2000) for consumers’ resources and attention. Luke and

\(^2\) All participants are referred to by pseudonym.
Sarah, for example, both explicitly expressed their preference for seeking help from interpersonal, rather than interactive, professional services to improve their mental health.

I would prefer to go for counselling rather than use the mobile [service] (Luke, Male, Phase 1)

When it comes to my mental health, and that sort of thing, I prefer to talk to someone straight face-to-face (Sarah, Female, Phase 1).

Complementary competition presents the opportunity for collaboration (Noble & Basil, 2011; Ritchie & Weinberg, 2000). The responses of many participants indicate that they would likely support collaboration between mHealth services and face-to-face mental health services. Kelly, for example, proposed seeking help from both types of services so as to balance the benefits and drawbacks of these alternative means to improving her mental health. Co-opetition or collaboration may therefore represent a viable strategy for addressing this form of complementary, direct competition (Noble & Basil, 2011) should service providers and social marketers be in agreement that it presents an opportunity to increase help-seeking from professional sources (Ritchie & Weinberg, 2000).

It would be easier opening up to the technology because it’s not someone looking at you and you don’t feel judged, you know? Whereas at the same time, sometimes if you’re feeling that way and you are feeling alone and you’re stressed, you do need that one-on-one contact and the drawback can be that you’re further isolating yourself. So I think you need a bit of both... both have their different benefits and both have their drawbacks (Kelly, Female, Phase 1).

From the data, help-seeking from mHealth services for mental health also seemed to be inhibited by indirect competition. Participants reported several behaviours, conducive to goals other than improved mental health, inhibited their decision to seek help from mHealth services for mental health. This included working or studying, as well as leisure activities such as clubbing with friends or going to the gym. This supports Kotler and Lee’s (2008)
assertion that behavioural alternatives preferred by the target audience constitute competition. Although, as indicated by Layla, these behavioural alternatives need not be preferred by the target audience. Some constitute obligatory behaviours, such as working, that absorb consumers’ resources, resulting in lower reserves for performing complex and demanding behaviours, including help-seeking, typically promoted by social marketing (Hastings, 2007).

I am working full-time during the weekdays. I’m working during the weekend as well. Every single time I finish work, I just want to go home, have a dinner and watch a movie. I don’t want to do anything else other than that... (Layla, Female, Phase 1).

The influence of indirect competition was also evident in participants’ decision to maintain help-seeking from a mHealth service for mental health. Participants reported several behaviours, again both work and leisure related, competed with their sustained use of the self-help service. One participant also highlighted behaviours related to family responsibilities, particularly taking care of her children, as a barrier to maintaining help-seeking from a mHealth service for mental health. Overall, the finding that goals and behaviours unrelated to the target behaviour, in this case help-seeking, compete for the target audience’s time and attention is aligned with the generic level competition described by Basil and Noble (2011) as forces that deter attention away from the social problem.

I think ‘I’ll do [the mHealth service] when I get home’, and then when I get home, I go to Yoga and do other things that suit me (Samantha, Female, Phase 2).

Overall, direct competition appears to have greater influence on initial, as opposed to maintained, help-seeking from mHealth services for mental health. This may be attributable to the fact that at the contemplation stage of deciding to seek help from mHealth services for mental health, individuals are still actively evaluating the behavioural alternatives to
achieving their goal of improved mental health. In contrast, once individuals have decided to seek help from a mHealth service for mental health, other alternatives to improving their mental health become less salient. Indirect competition, on the other hand, appears to be relevant at both stages of help-seeking from mHealth services for mental health. Overall, this finding suggests that the influence and types of competition in effect may differ during the progression from the adoption to maintenance of target behaviours. Although further research is needed to confirm this proposition, it is consistent with previous research showing the factors influencing adoption and maintenance of target behaviours in social marketing are distinguished (see Logie-Maclver & Piacentini, 2010).

**Effects of competition**

Direct competition, between behaviours conducive to the same personal goal, and indirect competition, between behaviours conducive to opposing personal goals, were identified previously as key influences on participants’ decision to seek help from mHealth services for mental health. The data also provides insight into how these types of competition influenced consumer decision making. First, it is clear that participants recognised there was a need to make a choice between competing goals and behaviours. That is, they discussed allocating time, energy and other resources to: (1) improving their mental health or achieving other goals and (2) enacting help-seeking or other behaviours. This is consistent with Goal Systems Theory (Kruglanski et al., 2002), which contends that the inhibitory associations between behaviours (and goals) are attributable to individuals’ finite resources. Ellen, as an example, anticipated that seeking help would mean less energy for university, whereas Kate recognised that using the mHealth service would reduce the time available for doing ‘other things’.

I wouldn’t want to exert that much effort on a [mHealth service] program when I’ve got uni and stuff going on. I would rather sort of have that personal contact [through a
face-to-face mental health service] and use my effort for that instead... (Ellen, Female, Phase 1).

I’m using it for half an hour at a time, I know that doesn’t sound particularly time intensive, but in my evenings, I have other things I’d rather be doing (Kate, Female, Phase 2).

Exploring how individuals choose between goals and behaviours in the decision to seek help from mHealth services for mental health elucidates the manner in which competition influences this decision. In terms of direct competition, the extent to which help-seeking from mHealth services for mental health was perceived to be more conducive, relative to behavioural alternatives, to the goal of improved mental health appeared to determine whether participants decided to perform this target behaviour. Half the participants expected that seeking help from a face-to-face mental health service, as opposed to a mHealth service for mental health, would be more conducive to achieving their mental health goal and thus, expressed their preference for this direct competitor.

I’m not sure about the efficacy... The program itself, it only analyses your situation and sort of tries to identify what is the problem and the source of the problem, but to me it doesn’t directly give you a solution and I think that’s something that the application can’t really do when compared to doctors or psychologists (John, Male, Phase 1).

The expectation that face-to-face mental health services would be more conducive to improved mental health seemed to originate from two sources. Some participants doubted the functionality of mHealth services for mental health. These participants questioned the capacity of technology to replicate the skills and expertise of doctors or psychologists in diagnosing and addressing mental ill-health. In particular, several participants, including Matthew, were concerned that mHealth services for mental health would not be sufficiently tailored to their needs.
Talking to a real person and having that added benefit of them saying something else that wouldn’t appear like on the [mHealth] service... they could give you a better plan that relates to yourself personally... (Matthew, Male, Phase 1).

Other participants were more convinced of the functionality of mHealth services for mental health, but anticipated a lack of personal connection to these services deemed important for therapeutic effect. One participant, Amy, expected mHealth services to be ‘heartless and unfriendly’ and thought this would mitigate the benefits of the service. Similarly, Claire believed that mHealth services for mental health could not provide the same level of support in times of emotional distress as the one-on-one interpersonal interaction characteristic of other mental health services.

I’d probably think it was like a robot, like talking to me—really heartless and unfriendly. Even though it might be giving you some good advice... (Amy, Female, Phase 1).

People like to interact with people. And maybe it’s just in those time of stress, you’re feeling a bit lost and you might be feeling alone, and so having a one-on-one with actually a person is kind of like supportive rather than still effectively being on your own (Claire, Female, Phase 1).

Participants who believed help-seeking from informal sources such as friends and family would be more conducive to improving their mental health than mHealth services also considered personal connection an important factor in this assessment.

I have had my stressful times and more often than not it’s a hug and a ‘Keep going, you can do this’, from someone you love that’s the best thing (Nerida, Female, Phase 1).

In relation to indirect competition, it appears the relative importance of the goal motivating the behaviours determined participants’ allocation of time and other resources. For some participants, it appeared that improving their mental health was a lower priority
than other goals, related to studying or caring for their family for example, and that this inhibited their help-seeking from mHealth services for mental health. To illustrate, both Kerry and Leanne explained how studying at university, functional to goals such as career progression, inhibited sustained help-seeking from the mHealth service and for Kerry, resulted in the cessation of help-seeking entirely.

I think I got to week six... and then I had some big thing due for university and I lost that momentum and that’s why I didn’t use it anymore...I had taken it very seriously up until then and then this big thing kind of overran it. (Kerry, Female, Phase 2).

I guess it’s not a high priority because I think my health isn’t that high on my priority list compared to like, - ‘cause I go to university, that, work and everything else. My personal problems aren’t highly prioritised, which I guess is reflected in my not using the [mHealth service for mental health] as much as I should have (Leanne, Female, Phase 2).

Indirect competition may therefore operate at the more abstract, goal level compared to direct competition, which seems to operate at a more direct, behavioural level. This finding is in line with Peattie and Peattie’s (2003, p. 375) more abstract conceptualisation of competition as a ‘battle of ideas’. Participants’ goal priorities appeared to be linked to individual and social values. This was indicated by the fact that some participants, including Jackie, felt they ought to be allocating their personal resources to other activities rather than using the mHealth service to improve their mental health. Hayleigh, for example, felt that she should be devoting more time to her children. This seems to correspond to the general lack of visibility, attention and priority given to mental ill-health in society (Tomlinson & Lund, 2012) and provides further support for the existence of generic level competition (Noble & Basil, 2011).

I guess it [using the mHealth service for mental health] became a bit less because I felt that I should be using my time for other things (Jackie, Female, Phase 2).
Me having a lot of responsibilities, but I dare say everybody else does to, even if they
don’t have kids, you usually find that something else is more important... (Hayleigh,
Female, Phase 2).

**Linking the types and effects of competition**

Overall, the findings regarding the types of competition in operation within the decision to
seek help from mHealth services for mental health align with Goal Systems Theory
(Kruglanski et al., 2002). Goal Systems Theory specifies the existence of an inhibitory
association between behaviours conducive to the same goal on the basis that allocating
resources to performing one behaviour in order to achieve a goal reduces the resources
available for enacting others. As highlighted previously, the findings highlight direct
competition between behaviours, such as help-seeking from mHealth services, face-to-face
mental health services, family or friends, conducive to the same personal goal of improved
mental health (see Figure 1). This study, however, illuminates the manner in which this
competition functions from a consumer perspective. The findings suggest the behaviour
perceived to be the most conducive to achieving the referent personal goal is more likely to
be performed. Participants, for example, who viewed help-seeking from face-to-face mental
health services to be more effective than help-seeking from mHealth services or informal
sources should be more likely to enact this behaviour.

Goal Systems Theory also specifies an inhibitory association between behaviours
conducive to different goals on the basis that allocating resources to achieving one goal may
pull resources away from another. As highlighted previously, the findings also show indirect
competition between behaviours, such as help-seeking from mHealth services for mental
health, studying, working or taking care of a family, conducive to competing goals such as
improved mental health, career progression or family welfare (see Figure 1). In terms of
indirect competition, the findings suggest the more desirable or higher priority the referent
goal, the more likely behaviour conducive to that goal will be performed. For instance, the
data indicate the extent to which improved mental health is a desirable goal determined
whether participants maintained their help-seeking from a mHealth service for mental health
or alternatively, allocated their time and other resources to other behaviour, including
studying and working, conducive to goals such as career progression.
Figure 1 A framework for understanding competition in social marketing.

Goal A
Improved mental health

Behaviour 1
E.g. talk to friends

Behaviour 2
E.g. see a psychologist

Behaviour 3
E.g. use mHealth service for mental health

Goal B
Career progression

Behaviour 1
E.g. studying

Behaviour 2
E.g. internship

Behaviour 3
E.g. Networking

Note. Dashed horizontal arrows represent indirect competition; Non-dashed horizontal arrows represent direct competition.
Implications

Theoretical implications

This research extends the largely conceptual understanding of competition in social marketing by investigating the nature, and influence, of competition in consumers’ decision to seek-help from mHealth services for mental health. Whilst the findings provide empirical support for previous typologies of competition, including Basil and Noble’s (2011) dimensions of competition, they further indicate that it may be useful to view competition in relation to consumers’ goals. Specifically, as either direct competition between behaviours conducive to the same personal goal or indirect competition between behaviours conducive to opposing personal goals. This typology is derived from consumers’ point-of-view, supported by Goal Systems Theory (Kruglanski et al., 2002) and provides insight into how these types of competition can be addressed, a key focus in social marketing (Deshpande & Rundle-Thiele, 2011; Johnson et al., 2009; McDermott et al., 2005; Noble & Basil, 2011).

Namely, the findings of this study suggest that direct competition inhibits the performance of target behaviour to the extent that the competition is perceived to be more conducive to achieving the individual’s referent personal goal. In contrast, the findings suggest that indirect competition operates at the goal, rather than behavioural, level. It appears the extent to which the competing goals motivating indirect competition are more desirable or higher priority than the goal motivating the target behaviour inhibits performance of the target behaviour. This research therefore provides a step toward a more complete understanding of how different forms of competition operate to influence consumer decision making at the individual level in social marketing.

Importantly, the present research also provides initial evidence that the types of competition in effect during the decision to adopt or maintain a target behaviour may be
distinguished. The findings suggest that direct competition is more salient in consumers’
decision to adopt, rather than maintain, target behaviour. That is, direct competition appeared
to have greater influence on participants’ decision to seek help from mHealth services for
mental health than maintaining this help-seeking behaviour over time. This finding provides a
basis for future research examining the nature of competition across the stages of behaviour
change and provides further evidence for the need to examine factors influencing both the
adoption and maintenance of social marketing behaviours (Andreasen, 2003, 2004).

**Implications for social marketing management**

The present research provides a framework for conducting competitive analyses. It suggests
that social marketers need to identify behaviours that are conducive to the same personal goal
as their target behaviour (direct competition), as well as goals and behaviours that compete
with the personal goal motivating the performance of their target behaviour (indirect
competition). The findings also provide insight into how direct and indirect competition
operate to influence consumer decision making and so, the strategies that can be employed to
mitigate the effect of these types of competition.

First, the findings suggest that social marketers should demonstrate the target
behaviour’s superior capacity, relative to direct competition, for achieving the consumer’s
referent personal goal. In this study’s context, social marketers aiming to increase help-
seeking from mHealth services for mental health could demonstrate this behaviour’s
effectiveness relative to direct competition, such as talking to family or friends, in facilitating
improved mental health. Alternatively, if the direct competition’s aim is directly aligned with
that of the social marketer, as in the case of mHealth services and face-to-face mental health
services, this represents an opportunity for co-opetition or collaboration as a means to
mitigate the effects of competition.
Second, the findings suggest that social marketers also need to address competition at the goal level. In this study’s context, social marketers aiming to increase help-seeking could promote the personal goal of improved mental health to increase its priority relative to other personal goals such as career progression. Further, the findings show that the influence of direct and indirect competition may vary between consumers’ decision to adopt and maintain target behaviour. Specifically, the study suggests that social marketers should focus on addressing direct competition in their efforts to encourage consumers to adopt target behaviour. On the other hand, indirect competition appeared salient in consumers’ decision to adopt and maintain target behaviour, suggesting it would need to be addressed in both these stages of behaviour change.

Limitations and future research

Despite this study’s contribution to knowledge in the area of competition in social marketing, it possesses certain limitations that must be acknowledged and that provide direction for future research. First, the research focuses on individual level competition only. It only investigates competition stemming from individual factors, rather than competition from external sources such as commercial or other organisations. Future research should therefore explore the nature and effect of organisational competition. It would also be interesting to investigate the relative influence of individual level versus organisational competition on consumers’ performance of target behaviour. Moreover, the individualistic lens assumed by this research precludes insights that could be gained from adopting a broader outlook inclusive of social (e.g. culture, social structure, norms, rituals and traditions), environmental (e.g. organisational competition, availability of physical infrastructure) and contextual (e.g. addiction) factors. This provides an opportunity for future research supported by growing
evidence highlighting the importance of accounting for the complex effects of socio-cultural and environmental factors on individual behaviour (e.g. Cherrier & Gurrieri, 2014; Collins et al., 2010).

Second, although in line with the consumer orientation of social marketing (Andreasen, 2002; Lefebvre, 2011), the investigation of competition from a consumer perspective may have resulted in some types of competition being missed. For instance, Peattie and Peattie (2003) identify social discouragement from social norms that are in opposition to the target behaviour as a competing idea. It is possible that this type of competition was not identified by the present research because individuals can fail to detect the effect of implicit social influence on their behavioural responses (e.g. Vorauer & Miller, 1997). Future research could explore this possibility through adopting different perspectives and triangulating the results.

Third, it important to note that this research only examines competition and its influence on consumer decision making between the contemplation and maintenance stage of behaviour change (see Andreasen, 2004; Prochaska & DiClemente, 1982). In the pre-contemplation stage, individuals do not recognise the need for change or are not actively considering change (Andreasen, 2004), which could be likened to the competing idea of apathy (lack of interest or concern in behaviour change) identified by Peattie and Peattie (2003). Future research should investigate the types of competition in operation in the pre-contemplation stage of behaviour change, particularly as findings in this study indicate that competition may differ between the stages of behaviour change. Accordingly, future research could also quantitatively investigate the prevalence and relative influence of the types of competition across the stages of behaviour change.

Fourth, this research does not investigate the extent to which the nature and influence of competition differs across segments within the target audience. Within this context, this
direction of research is worthwhile given it is well-established in the psychology literature, for instance, that men experience different motivations for, and barriers to, help-seeking compared to women (Moller-Leimkuhler, 2002). This suggests that the type and extent to which competition, also considered a barrier (see Basil & Noble, 2011), influences decision making may differ between these segments. This research direction is also supported by social marketing research in general (see Andreasen, 2004), which demonstrates the existence of market segments with distinct attitudes and motivations toward target behaviour in social marketing (see Walsh, Hassan, Shiu, Andrews, & Hastings, 2010).

Moreover, further research is needed to generalise the results of this study within mental health and across other social marketing behaviours and domains owing to the qualitative methodology employed. This is particularly the case since some research reports higher rates of social desirability bias in depth interviews compared to self-administered questionnaires in relation to sensitive issues (e.g. Kaplan, Hilton, Park-Tanjasiri, & Perez-Stable, 2001), although this is contested by other research (e.g. Durant & Carey, 2000). The contextual nature of consumer decision making in social marketing also demands further efforts to generalise the results of this study. For example, in the case of some target behaviours in social marketing, such as smoking cessation, the competing idea of involuntary disinclination (including addiction) identified by Peattie and Peattie (2003) could be highly salient despite not being identified in the present research. The same applies to Noble and Basil’s (2011) brand level competition since, at the time of the study, the mHealth service investigated was one of very few services of its kind available in Australia. As such, it is possible that this type of competition may be evident within a different context encompassing more directly comparable behavioural alternatives. Additional research could also then be conducted to further elucidate the degree to which the types of competition in operation across behavioural contexts are consistent or differentiated.
Conclusion

Recognising and understanding the competition opposing consumers’ performance of target behaviours is fundamental to the social marketing planning process and to ensuring the success of social marketing programs (Noble & Basil, 2011). Despite this, limited empirical work has been conducted to investigate competition through a social marketing lens. This study sought to develop an empirically supported typology of competition from a consumer perspective and to improve understanding of how competition influences, at the individual level, consumers’ decision to adopt and maintain target behaviour. Overall, the research validates the types of competition highlighted in extant literature, and categorises these types of competition in accordance with the way in which they were found to influence consumers’ decision to adopt and maintain a target behaviour. The results highlight the complex and multi-dimensional nature of competition in social marketing, which appears to operate at both a behavioural and goal level to influence consumers’ decision making. In conclusion, although this paper represents only a step towards a fuller understanding of competition in social marketing and its effects on consumer decision making, it provides an important basis for future research in this domain.
References


