



POINT OF VIEW

Unsticking the Stuck: The Psychology of Inertia in Healthcare



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As healthcare marketers, one of the questions we most often ask ourselves is, “Why do patients do nothing, when taking action would clearly be better?” In healthcare, the majority of our strategic brand challenges focus on a common enemy: inertia. Patients skip annual exams, miss medication doses, avoid beneficial treatment, and ignore simple instructions that could improve their overall health and extend their lives. So often doing nothing seems downright irrational. But this is the reality we face, and understanding the psychology of inertia and how to overcome it unlocks the key to activating many condition categories.

Inertia is officially defined as “a tendency to do nothing or remain unchanged.” But in reality, it is a far more complex psychological phenomenon. At the heart of inertia is decision avoidance. Decision avoidance is what it sounds like, the postponing or avoidance of critical decisions often to the detriment of the decider. Evidence shows that humans avoid important decisions or actions because of 3 primary reasons:



Status quo and omission bias

We have a tendency to prefer options that cause no change in the state of our world and/or require no action on our part. We have a natural preference for the current state of affairs, even if that state of affairs is bringing us risk or harm. It seems counterintuitive but by deferring action the situation at hand seems less threatening.



Choice deferral

In layman's terms, choice deferral is a fancy way of saying indecisiveness. “When in doubt, don't commit; just leave options open.” When we have an incomplete preference due to a number of factors, we are most likely not to choose at all. People tend to believe that with more time, research, or options, clarity will present itself. However, the factors often driving preference are irrational so instead of clarity, the choice becomes indefinitely deferred.



Inaction inertia

Inaction inertia happens when someone bypasses an initial action and, therefore, there's a decreasing likelihood that a similar action will be taken in the future. If action isn't taken immediately, it's unlikely to occur at all unless circumstances change that make it sound more appealing.

**3 Primary
Reasons For
Inertia**

Inertia and decision avoidance are seen in a variety of disease states, but perhaps none more than: diabetes and metabolic syndrome—related conditions where daily life choices impact disease progress and severity. Decades of research have been dedicated to identifying how to motivate diabetic patients to increase their health engagement and better manage their disease.

Although more is now understood about why people don't change their behavior, the reality still remains; achieving behavior change is hard. This is primarily because a majority of programs still assume that patient choice is rational, and as we see from the above, this is rarely the case.



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So how do we move the immovable? As Newton's first law of motion taught us, unless acted on by a force, an object at rest remains at rest. There are dozens of behavior change models that have varying theories on how to introduce a "force" that inspires change, but for some patients, helping them overcome their decision avoidance is enough to spark change.

Overcoming decision avoidance isn't easy, but it is a tangible strategic opportunity for healthcare brands. In order to relish this opportunity, there are 3 key steps healthcare marketers should be doing to achieve the behavior change they seek for their brands.

3 Key Opportunities

+ Set a solid foundation

As the saying goes "Knowledge Is Power." Attempting to change the behavior of a patient who lacks the understanding of their condition and the complications that come with it is almost impossible. Without education, there is no awareness that change is even needed and therefore, no motivation or reason to take action. Having a reason to act, or knowledge of the pros and cons, is essential to achieving any behavior change, especially when engaging with patients where each action or inaction can have profound outcomes on their health. It's also important to make the information feel personal and relevant to patients allowing them to relate and internalize the information and see the reality of their condition.

+ Make it simple

To no surprise, the more difficult the action, the higher the chance that decision avoidance will occur. Patients, especially those with chronic conditions, are often already overwhelmed with the numerous changes they've had to make in their lives and, thus, are less likely to add yet another thing they must do because of their disease. In order to overcome this, the behavior change needed must be easily integrated into their lives, require minimal energy, and relieve patients of their uncertainties. We see this play out in healthcare through patient support programs, which aim to help patients with the internal and external factors that increase the barriers of a specific behavior.

+ Foster optimism

Emotions are at the core of human behavior. From life experiences, people are driven to avoid experiencing negative feelings. Diverging from the status quo, the familiar, often creates these negative emotions—with regret being the strongest force driving to decision avoidance. For patients whose choices usually have intangible outcomes, instilling confidence is what can spark action. Only by helping patients move past their regret, focus on what they can control now, and see the real potential an action can bring, can we cultivate the positive emotions that ultimately propels them to embrace a change to their status quo.

These steps are merely a starting point to tackling the reality of decision avoidance. Although we may not be able to motivate every patient to act, our efforts can still make a difference even if we only succeed at helping a few patients to overcome their decision avoidance. Our effort in getting patients to act is worthwhile knowing the impact it will have on their health.