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How does value evolve over time? A netnographic study of health behaviour maintenance in social marketing

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Abstract
The long-term continuation of physical and mental health behaviours (e.g. exercise, nutrition, and mindfulness) is a central goal in social marketing. However, it is common for individuals to perceive more costs than benefits to maintaining health behaviours (Lee & Kotler, 2016). This often results in behavioural relapses or abandonment (Prochaska & DiClemente, 1983). The creation of value for social marketing target audiences has been demonstrated to lead to positive outcomes such as satisfaction, and intentions to continue with the desired behaviour (Zainuddin et al., 2013). While there is an expanding body of value research in social marketing (e.g. Chell & Mortimer, 2014; Mulcahy et al., 2015; Zainuddin et al., 2013), much of this research has focussed on understanding value at a single time point, using cross-sectional research approaches. Value is a dynamic construct, influenced by temporal circumstances (Sánchez-Fernández & Iniesta-Bonillo, 2007), and would therefore benefit from longitudinal approaches. Previous studies have argued consumers' perceptions of value change at different stages of consumption processes (e.g. Russell-Bennett et al., 2009; Woodruff & Flint, 2001), yet there remains a lack of longitudinal empirical evidence for how value experiences evolve during the maintenance of health behaviours in social marketing. This represents a gap in knowledge as behaviour maintenance is a long-term, ongoing process (Prochaska & DiClemente, 1983). This gap leads to the research question for this study: RQ: How do value experiences evolve during health behaviour maintenance?

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Background

The long-term continuation of physical and mental health behaviours (e.g. exercise, nutrition, and mindfulness) is a central goal in social marketing. However, it is common for individuals to perceive more costs than benefits to maintaining health behaviours (Lee & Kotler, 2016). This often results in behavioural relapses or abandonment (Prochaska & DiClemente, 1983). The creation of value for social marketing target audiences has been demonstrated to lead to positive outcomes such as satisfaction, and intentions to continue with the desired behaviour (Zainuddin et al., 2013). While there is an expanding body of value research in social marketing (e.g. Chell & Mortimer, 2014; Mulcahy et al., 2015; Zainuddin et al., 2013), much of this research has focussed on understanding value at a single time point, using cross-sectional research approaches. Value is a dynamic construct, influenced by temporal circumstances (Sánchez-Fernández & Iniesta-Bonillo, 2007), and would therefore benefit from longitudinal approaches. Previous studies have argued consumers' perceptions of value change at different stages of consumption processes (e.g. Russell-Bennett et al., 2009; Woodruff & Flint, 2001), yet there remains a lack of longitudinal empirical evidence for how value experiences evolve during the maintenance of health behaviours in social marketing. This represents a gap in knowledge as behaviour maintenance is a long-term, ongoing process (Prochaska & DiClemente, 1983). This gap leads to the research question for this study: ***RQ: How do value experiences evolve during health behaviour maintenance?***

Methodology

Data were collected over a 12-week observation period using a netnographic method, which adapts ethnographic research techniques through the use of publically available social media data (Kozinets, 2010). This was operationalised via the social media site, Twitter. A sample of 220 university undergraduate students selected a personal health activity and endeavoured to maintain the activity for 12 weeks, whilst Tweeting about their experiences. A total of 5212 tweets were imported into NVivo software. Thematic analysis was first conducted to identify and categorise the dimensions of value within the dataset (Braun & Clarke, 2006). A codebook for each value dimension was developed to systematically code the data (David & Sutton, 2004). Next, qualitative longitudinal analysis was conducted to identify patterns of changes in value dimensions over time (Thomson et al., 2002). A thematic framework based on the Transtheoretical Model of behaviour change (Prochaska & DiClemente, 1983) was used to organise emerging patterns of changes (Holland et al., 2006).

Results and discussion

The most common health activities chosen by the participants were exercise, nutrition, and meditation. Others included quitting smoking, drinking less alcohol, drinking more water, and getting sufficient sleep. Six dimensions of value were found (*epistemic, functional, economic, community, social,* and *emotional value*) and three distinct phases of behaviour change and maintenance over the 12-week observation period were observed. These phases explain how value experiences can evolve during health behaviour maintenance in social marketing.

Phase 1: New, fun, and exciting was the novel and exciting phase at the beginning of participants' behaviour maintenance journey identified between Weeks 1-3. The most salient value dimensions in Phase 1 were *economic*, *epistemic*, and *functional* value. ***Economic value*** was identified through the financial incentives that enabled participants to rationally evaluate the relevance of their health activities (French & Gordon, 2015) (e.g. saving money on alcohol). ***Epistemic value*** was identified through the information sharing via Twitter that allowed participants to satisfy their desire for health-related knowledge (Sheth et al.,1991) (e.g. novel exercise routines). This process is known as *consciousness raising*, whereby people search for information related to new behaviours (Prochaska et al., 1992). ***Functional value*** was identified through the behavioural commitments expressed on Twitter (e.g. weight

loss targets) which increased participants' sense of accountability towards maintaining their activities (Holbrook, 2006). This reflects *self-liberation*, whereby people in the preparation stage of change make a commitment to act on their behaviour (Prochaska et al., 1992).

Phase 2: Just get it done was when the increasing demands of the university semester began to hinder behaviour maintenance efforts between Weeks 4-7. *Economic* value was no longer evident in this phase of behaviour maintenance. This demonstrates how the reward contingent nature of financial incentives (Deci & Ryan, 2000) offer immediate enticement for short-term health behaviour change, yet remain ineffective for sustained change (Mantzari et al., 2015). ***Functional value*** remained salient in this second phase of behaviour maintenance, however was reflected through strategic planning activities (e.g. pre-preparing lunch to avoid fast food) as opposed to goal-setting that occurred in Phase 1. This is likely due to new barriers arising in Phase 2 that were absent in Phase 1 (e.g. time constraints). Strategic planning allowed participants to continue to work towards their goals demonstrating the achievement of utilitarian outcomes (French & Gordon, 2015). ***Epistemic value*** also remained salient in Phase 2, however was identified in terms of the novelty (Sheth et al., 1991) of augmented products (e.g. new running shoes) that allowed participants to overcome boredom with activities, opposed to the novelty of learning about the new heath activity in Phase 1. This self-reward strategy (i.e. *reinforcement management*) (Prochaska et al., 1992) demonstrates the provision of behavioural opportunities by augmented products in social marketing (Zainuddin et al., 2013). ***Community value*** was a new value dimension that emerged, reflected by the online support amongst the participants demonstrated in their Twitter interactions (Loane et al., 2014) (e.g. exchanging tips for drinking more water). This emphasises the role of *helping relationships* in supporting health behaviour maintenance (Prochaska et al., 1992).

Phase 3: Finding the balance was when participants began to overcome barriers and realise the personal relevance of maintaining their health behaviours between Weeks 8-12. None of the previously identified value dimensions were apparent in Phase 3. The most salient value dimensions that emerged here were *emotional*, and *social* value. ***Emotional value*** was identified when participants engaged with their health activity "for its own sake" due to the emotional satisfaction derived (Holbrook, 2006, p. 715) (e.g. feeling of self-fulfilment from meditation). ***Social value*** was identified in terms of opinion leadership, whereby participants sought to positively influence others behaviours (Zainuddin et al., 2011) (e.g. encouraging friends to quit smoking). Although similar to *community* value, *social* value was largely identified through offline behavioural encouragement, rather than online interaction and exchange. This reflects the process of *social liberation* (i.e. empowering one's self and others) (Prochaska et al., 1992), which is one of the crucial, final processes that allows individuals to move from the action stage to the maintenance stage of change (Prochaska et al., 1992).

Implications and conclusion

This study offers three contributions towards our understanding of behaviour maintenance in social marketing. First, it identifies three distinct phases of behaviour maintenance that vary in their duration. Second, it identifies six value dimensions experienced by participants attempting to maintain behaviour. Third, it identifies changes in the salience and emergence of value dimensions across the phases of behaviour maintenance. The results are consistent with prior conceptual suggestions that consumers experience high functional value in early stages of the consumption process, and high emotional value at later stages (Russell-Bennett et al., 2009). Methodologically, this study responds to a call for longitudinal research on value in social marketing (Zainuddin, 2013). The use of netnography also demonstrates an innovative research method in this area, as value has been predominantly examined in an offline context, with the exception of Mulcahy et al. (2015).

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