Choice

Decoding the mantra

There is nothing new about the notion of "choice" as the panacea for all ills. Successive governments for the last 30-odd years have believed that offering us "choice" would guarantee our satisfaction with "this" service or "that" Department of State.

Choice isn't, at core, good or bad. It is a concept filtered in different ways by different people. The same thing can be good for one person and bad for another; or even good for the same person at one time and not so good at another, depending on their dominant motivation.

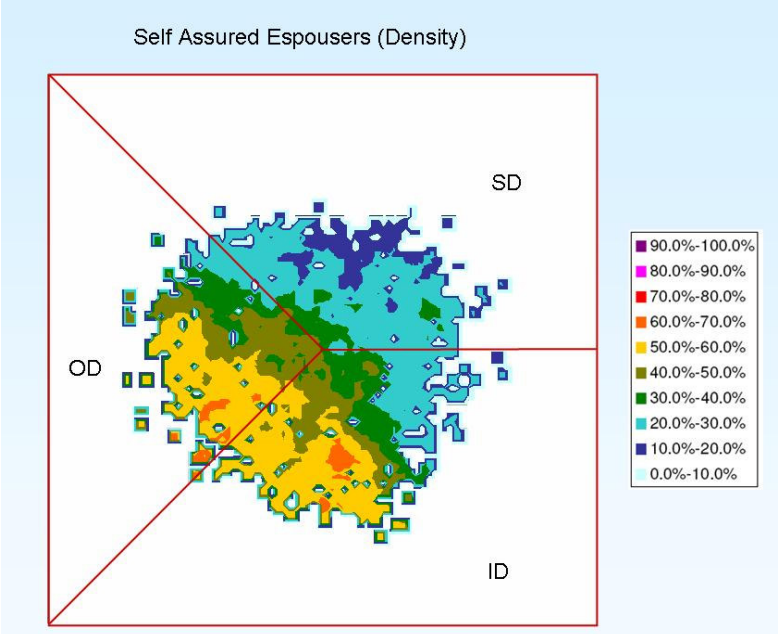
I and my colleagues have been studying why people make one choice and not another for almost 40 years. We continue to collect and interpret data on the values, beliefs and motivations of the British population. We advise corporations, government departments, NGOs and other organisations on the implications of the changing values sets of individuals (and, by extension, the culture they create and use) on their future policies, procedures, programmes and projects. Over the last 35 years, we have identified and now work with 100 different aspects of values systems in people living in the UK.

Choice, and the way we percieve it, is one of the defining characteristics of our individual values systems – the subconscious lens through which we filter the phenomena we encounter into attitudes, or orientations towards "good" or "bad".

To examine "choice" and our responses to it, we begin by looking at three broad groups within the population:

- those who are likely to expect or demand choice
- those for whom choice is nice to have, but not necessary, and
- those for whom choice is positively unwelcome.

Take a look at this map, which shows the probability of espousal with a psychological attribute that we call "Self Assured". You can see that two out of the three segments of the map are more likely to agree with the cluster of questions that measure "Self Assured" – the values attribute related to "choice" - than the other sector.



The bottom (ID or Inner Directed) segment represents people who are more inquisitive, concerned with justice, are more caring for others and the environment, have broad horizons and are happy with their life at the moment. To these people choice is expected and they will play merry hell if they don't get it. Because they are natural seekers of information they are more likely than all others to know, or know where to find, data and information to provide them with real choice. These are the people most likely to be on Boards of organizations – where policy is set. They want choice and they assume everyone else does as well. Unfortunately for their policies, only about 35% to 40% of the population agree with them.

The segment on the left hand side of the map (OD or Outer Directed) represents people who have a different values set. These people want to be seen and heard, to stand out in a crowd, to be successful, to be the life of the party, to be the one with the best, to have more. Their approach to choice is not quite as simple as the first group. They like choice in that it gives them an idea of what and where the best is, where they can get most, how they can stand out from their peers. They will not usually know where data and information about choices are to be found, unless the choice satisfies the dominant needs they have – the ones I've listed.

Both these very different groups score relatively high on "Self Assured" – meaning they believe they can handle most things coming their way, that they can handle them better than most, and that things usually turn out the way they expected them to. Choice is a concept they can handle.

The third segment (SD or Sustenance Driven) rejects this approach to life. For them, choice is and always will be a con. It may look like choice - but "people like me never really know what THEY are DOING TO US". Things never seem to get better – in fact they were always better in the past. They want "authority" to provide them with services and products that are safe – the one "they" think is the best, not a range of options that they can't judge between anyway. Shrewd and always on the lookout for what is wrong in an offering, they are unlikely to embrace options that are "new".

Values systems under stress

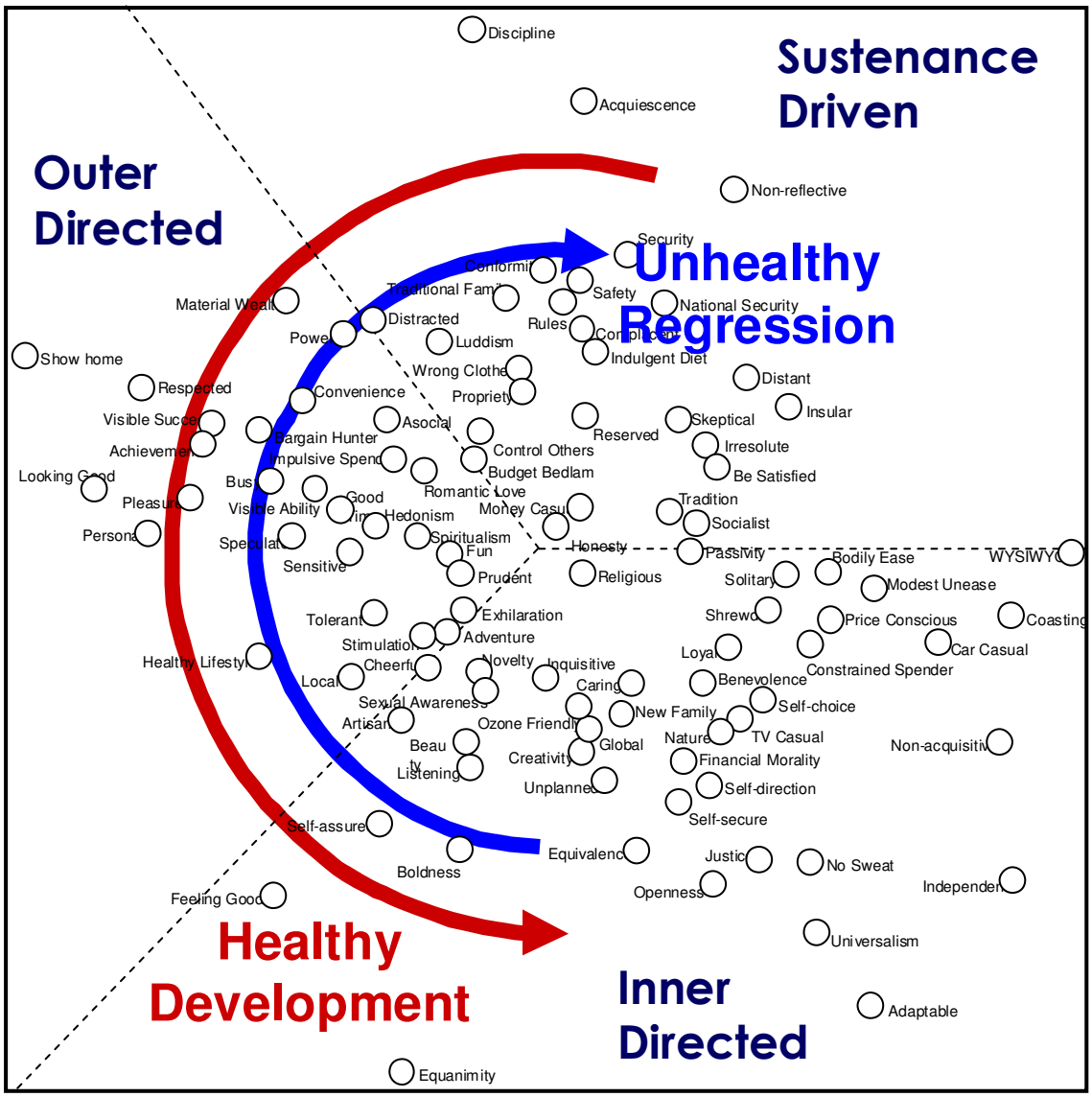
I've given you an overview of values research and how it can help people understand why choice may not not always a be a good choice. I've outlined three major values systems found in research in the UK. Each of them has a life orientation, or values system, that is more or less open and welcoming of choice in day to day situations. Two of the three deem choice either a "necessity" or a "nice to have", while the third group actually prefers not to have a choice, but wants safety.

Ill health, especially if it requires a period of hospitalisation, is not generally something people associate with their day to day lives. In fact, interaction with medical professionals is a situation people associate with periods of danger or fear, or at the least trepidation and doubt. These factors are sometimes called FUD Factors (fear, uncertainty and doubt) and have been the source of many studies outside the medical profession – usually in situations where people, normally able to make decisions with a high degree of self efficacy (or Self Assuredness as noted before), seem to act irrationally and are easily led, or change their minds about something they thought they were sure of.

Working with a range of clients and methods of inquiry over the last 35 years we have come to a working assumption of a model of values driven behaviour that gives an added twist to the choice discussion, as follows. People under stress that involves physiological consequences, such as those encountered in health crisis situations, often cease having their behaviours subconsciously by their **dominant** motivations (psychological needs they haven't satisfied yet) and fall back into being motivated to satisfy needs within their comfort

zone, sometimes called their **locus of control**. They fall back into patterns of thought and behaviour that they have mastered in earlier stages of their lives.

This dynamic is illustrated here:



Natural Movement of Motivations

This has serious implications for the delivery of medical care and the probability that choice will be top of anyone's list when it comes to facing an interaction with any health care scenario apart from the "safe and secure" GP.

The bottom group (Inner Directed), who are most likely to be looking for "choice" when they are not under stress, will be less likely to want real choice as they are likely to be asking for or demanding "the best". People who were rational and caring can become extremely demanding under stress.

The group on the left hand side (Outer Directed), who usually want "the best", will be moving back around the map and be looking for the "safest" place - a place where friends and family are close - not choice.

And the group at the top (Sustenance Driven), who are fairly resigned to everything and not demanding of anything, will tend to become even more passive. They will seek "kindliness" from an authority figure – a "big hand" to hold their "little hand". They don't want choice, they want survival.

Policies and administrative procedures that are "reasonable" are a function of the value set of the policy maker and administrator. They may or may not represent the desires of the potential patient before they come into the health care environment and the FUD Factor increases significantly – but that is neither here nor there. There is little doubt that people's dominant values tend to be less influential over their behaviours, and the values within their locus of control tend to exert a larger than normal effect on their behaviours, when they are under stress.

Patients will often be confused by their reactions and try to rationalize them, but without a model for their feelings they can only become less self efficacious, less "Self Assured" and less capable of making real choices, further confusing them and increasing the FUD Factor.

Choice does not and cannot help them with this process. Only a recognition that people go through these processes whether they want to or not, and a willingness to address their healthcare needs in terms of their real psychological needs will lead to more satisfied patients. That work must take place on their terms, not terms defined by Lord Darzi or any other government minister of any political complexion.