

Self-efficacy Mediating Effect in Health Communication Campaign

Jin-Woo Lee

*Professor, Dept. of Advertising & PR Namseoul University,
91 Daehak-ro Seonghwan-eup Seobuk-gu Cheonan Chungnam, Korea*

Abstract

Background/Objectives: This study reflects the unique characteristics of health communication, which is basically based on interactive interactions, and communicates the effects of unintended communication stress and self-efficacy.

Method/Statistical Analysis: The subjects were 295 male and female students attending four-year colleges. Of the 295 respondents, 161 males accounted for 54.6% of the total, and did not focus on specific genders. The mean age was 24.3 year for men and 22.6 years for women. And also for the self-efficacy mediation effect, in Baron and Kenny (1986), the mediation effect was verified through three regression analysis.

Findings: This study is the unintended negative effect that occurs in the health communication campaign. In this relationship between the health communication stress and the effect of the health communication campaign, the stress of the health communication campaign depends on the importance of the stress situation and the control ability. The effects of the health communication campaign appear differently depending on how large the self-efficacy is felt. As the self-efficacy of health communication campaign stress increased, the negative effect of health communication campaign stress on the health communication campaign effect was expected to be smaller. However, the expectation that self-efficacy would play a moderating role in the relationship between health communication campaign stress and health communication campaign effect was not supported but rather mediated. The greater the stress of the health communication campaign, the smaller the effectiveness of the health communication campaign was expected to be. The regression analysis showed that the health communication stress had a negative effect on the goodwill of the health communication campaign.

Improvements/Applications: The purpose of study is to identify the role of self-efficacy in health campaign stress and to reduce the health campaign stress when it becomes a health campaign.

Keywords: *Health Communication, Self-Efficacy, Stress, Health Campaign, Interactive Communication.*

Introduction

The key to researching health communication campaigns is to induce healthy behavioral change through

the efficient transfer of health-related information^[1]. The importance of communication behavior is important because it is the focus of communication for the study of health communication, because communication behavior causes positive or negative health behavior, and furthermore, communication behavior itself is the result of a positive/negative health condition. It should be emphasized^[2].

For example, when people see advertising communications about Starbucks, they can enjoy the pleasure of consumption. For smokers, however,

Corresponding Author:

Jin-Woo Lee

Professor, Dept. of Advertising & PR Namseoul University, 91 Daehak-ro Seonghwan-eup Seobuk-gu Cheonan Chungnam, Korea
e-mail: winwin@nsu.ac.kr

quitting campaigns can be stressful as feelings of deprivation, although they may also consider the pleasure or benefits of quitting. In other words, health communication in the public sector, such as a smoking cessation campaign, may have unintended consequences of perceived deprivation of smoking opportunities even if it expresses “the pleasure of non-smoking” as a communication message. Because diseases that cause social illnesses, such as smoking, alcohol, drugs, and drugs, are hard to break when adopted by people forbidding them to use them can cause backlash such as depriving them of their enjoyment^[3]. Context of health communication campaigns are the boomerang effect, which implies the reaction of the audience against the intended response of the persuasion message^[4]. As such, health communication campaigns can result intended unintentional activation of social systems around them.

Communication stress is unstable due to unintended effects such as confusion, disharmony, boomerang, transmission of worry, loss of sensitivity, and reproof, resulting in unstable conditions and inducing negative advertising reactions, such as fear control reactions or ad meeting attention^{[4][5][6][7][8]}. In other words, even when stress occurs in the communication process, such an imbalance may cause trouble, difficulty, pain, and fatigue^[9].

Self-efficacy is a belief in one’s ability to take and carry out a set of actions necessary to achieve a given goal, and is a concept that includes specific practical skills^[10]. Self-efficacy is also a conviction of one’s own ability in relation to the performance of a particular task, as well as practical skills, as well as the performance of tasks such as choice of behavior, effort and persistence^{[11][12][13]}.

Bandura’s theory of self-efficacy is based on Social cognitive theory as an explanation between cognitive belief and behavioral change^[14]. Social cognitive theory forms a single model that explains the relationship between past performance experience, self-efficacy, and personal performance^[15]. Looking at the relationship between health communication stress and self-efficacy, one can infer that people’s self-efficacy can play a role in controlling health communication stress. In other words, when a cause of stress occurs, people go through a process to reduce stress. In this process, individuals try to make manual or active control^[16]. In this active regulation, emotional and functional self-efficacy as a social psychological factor can affect the

level of stress by affecting the perception, interpretation, and response to problems^{[17][18]}. This study focuses on the communication stress of consumers, which can contribute to the improvement of the health communication campaign by identifying the unintended effects of the health communication campaign.

Method

The preliminary survey on five health communication campaigns, including cancer, influenza, blood donation, smoking cessation, and AIDS, was conducted for about a week. Determined whether or not. This study was conducted for three weeks based on the variables verified through these preliminary surveys. Hypothesis 1 is a hypothesis about the moderating effect of self-efficacy on the health communication campaign effect. The Intensity of maladaptation due to stress has been shown to be reduced by various buffer factors^[24]. In general, factors that act as stress buffers include personal resources such as internal and external control, self-esteem, and self-efficacy, and environmental resources such as positive social support and active participation in social activities. It is known to have a buffering effect^[25]. In particular, self-efficacy, which is a personal resource among stress buffers, is a factor that affects the behaviors we pursue and choose^{[12][19]}. Accordingly, we set the following hypothesis.

Hypothesis 1 As the self-efficacy for health communication campaign stress increases, the negative effect of health communication campaign stress on health communication campaign effect will be smaller.

Hypothesis 2 is a hypothesis about the effect of stress on health communication campaign on the effect of health communication campaign. Psychological stress means breaking an equilibrium state as an unpleasant emotional state that is assessed to threaten an individual’s well-being by exceeding an individual’s resources or ability to perform^[22]. Understanding stress from an interactive perspective means that stress is not just a stimulus and response but an influence between the individual and the situation^[26]. In general, stress causes negative emotions such as depression, triggers mental and physical diseases, and adversely affects mental health^[27]. Communication stress is an unintended negative effect of communication situations that leads to a negative perception of health communication^[4].

In other words, communication stress can lead to negative advertising reactions such as fear control

reactions and ad skepticism, resulting in unstable conditions beyond human coping limits^{[4][5][6][7][20]}. Avoiding complaints about TV campaigns can lead to poor TV campaign activity, leading to negative sentiment for TV campaign^[21]. For these psychological imbalances, people may perceive communication problems as they perceive difficulties, difficulties, pain, and fatigue^[9].

Hypothesis 2 The greater the stress of the health communication campaign, the less effective the health communication campaign will be.

The measurement of self-efficacy must be measured by a micro analytical approach that includes three dimensions: level, strength and generality^{[12][15]}. In the Table 1 below, the Counselor Activity Self-Efficacy Scale (CASES), which measures three types of self-efficacy: assistance technology self-efficacy, session management self-efficacy, and counseling difficulty self-efficacy.

Table. 1: Questionare of Self-efficacy

Category	Questionare
Exploration Technology	I understand the message that this health communication ad appeals.
	I can clarify the thoughts and feelings appealed by this health communication ad.
	I can understand clearly and concisely what this health communication ad appeals.
	I pay attention to what this health communication ad appeals.
Activity Technology	I can present or teach information about this health communication advertisement.
	I can tell others the suggestions, directions, and advice of behavior that this health communication ad suggests.
	I can watch this health communication ad and suggest some things to do and tasks for the future.

Stress is important in how subjective perception is perceived^[22]. Stress perception measures include behavioral stress in the physical stress of the CMI

(Cornel Medical Index). The communication ability scale was modified according to the research subject's situation. So, Stress Questionare is devided four factors. First, Body factors. The questionnaire is as follows: This health communication ad gets frustrating. This health communication ad will dry your throat or mouth. This health communication ad makes your eyes tired easily. This health communication ad makes me feel vomited. Second is Action factor. The questionnaire is as follows: This health communication ad increases the number of mistakes. This health communication ad increases the amount of alcohol you drink. This health communication ad immerses you in more than you need. And Psychological factor. The questionnaire is as follows: This health communication ad seems frustrating. Last Questionare factor is emotion. The questionnaire is as follows: If you look at this health communication advertisement, you might be easily excited or angry. This health communication ad depresses and depresses easily. This health communication ad is annoying to do something. The communication effect's communication ability scale was modified according to the research subject's situation. The communication effect is attractive Factor. The questionnaire is as follows:

This health communication ad is favorable. This health communication ad is beneficial. This health communication ad is attractive. I like this health communication ad. This health communication ad is amazing.

Result and Discussion

The subjects were 295 male and female students attending four-year colleges. Of the 295 respondents, 161 males accounted for 54.6% of the total, and did not focus on specific genders. The mean age was 24.3 year for men and 22.6 years for women.

In the Table 2, following is the correlation between the descriptive statistics and the composite variables of the composite variables created by the arithmetic mean of the response values for each construct and dimension.

Table 2: Descriptive Statistics of Main Variables

Variable	Item	Average	Standard Deviation	Male Average	Female Average	t-value
Stress	11	2.23	1.09	2.31	2.13	1.424
Self-Efficacy	6	5.01	1.28	4.84	5.21	-2.547**
Attractiveness	6	4.18	1.52	4.13	4.25	-.727

***: p<.01, **: p<.05

In the Table 3, Correlation was found to be significantly correlated between the dimensions that compose the same construct. Likely, the effect of communication, which is the dependent variable, showed positive correlation with self-efficacy.

Table 3: Correlation Analysis of Key Variables

Variable	Self-Efficacy	Attractiveness
Stress	-.250***	-.293***
Self-Efficacy		.381***

***: p<.01, **: p<.05

According to the below the Table 4, 5 the results show that the stress on health communication, the independent variable, is less influenced on the attractiveness of the health communication campaign, which is dependent on the third regression than on the second regression (β -.381, $p < 0.01$). .275, $p < 0.01$), and the conditions of mediating effects, indicating that self-efficacy had a mediating effect on the relationship between the health communication campaign stress and the effect of the health communication campaign^[23].

Table 4: Intermediate Effect Analysis 1 Results for Validation of Hypothesis 1

Dep. V. \ Ind. V	Self-efficacy	Attractiveness
Intercept	5.659***	5.033***
Stress	-.293***	-.381***
F	19.498***	27.554***
R ²	.062	.086

***: p<.01, **: p<.05, *: p<.1

Table 5: Intermediate Effect Analysis 2 for Verification of Hypothesis 1

Dep. V \ Ind. V	Attractiveness	
Intercept	5.033***	2.973***
Stress	-.381***	-.275***
Self-efficacy		.364***
F	27.554***	33.592***
R ²	.086	.187

***: p<.01, **: p<.05, *: p<.1

In the Table 6, to test hypothesis 2, the regression analysis of the health communication stress with the positive variable as the dependent variable showed that the health communication stress had a negative effect

on the good feeling ($\beta = -.381$). Hypothesis 2 that the effectiveness will be small is supported.

Table 6: Regression Analysis Results for Hypothesis 2

Dep.V \ Ind.V	Attractiveness
Intercept	5.033***
Stress	-.381***
F	27.554***
R ²	.086

***: p<.01

Conclusion

The purpose of this study is to investigate the health communication stress as an unintended effect generated when the health communication campaign is executed, and to contribute to the improvement of the health communication campaign.

Hypothesis 1 examines the effects of health communication stress perception and self-efficacy on the effectiveness of health communication campaigns. Specifically, as the self-efficacy for health communication campaign stress increases, the negative effect of health communication campaign stress on health communication campaign effect is expected to be smaller. This hypothesis is to find out the moderating effect of self-efficacy that induces stress not to be felt in the relationship between health communication campaign stress and health communication campaign effect. Three regressions were used to verify the mediating effect. As a result of regression analysis to verify the mediating effect, self-efficacy meets all the conditions of the mediating effect. In other words, it can be said that the higher the self-efficacy has the function of filtering the stress of the health communication campaign. These results indicate that self-efficacy plays a mediating role in the relationship between health communication campaign stress and health communication campaign effect. In other words, Hypothesis 1, which expected self-efficacy to play a moderating role in the relationship between health communication campaign stress and health communication campaign effect, was not supported. And also Health, disease, and health-related issues are a hot topic in various sectors of society, such as health care decision-making in public institutions such as the government, and private institutions such as hospitals and corporations. In other words, problems

related to health, disease, and medical care have a major impact on public well-being, and finding appropriate solutions to them is of concern to all members of society. Efforts have been made to utilize health communication as one of the appropriate solutions to this concern, and this research has been conducted as part of the effort. In other words, this study first examines the relationship between health communication and stress, a key factor in health, disease, and medical care.

Ethical Clearance: Not required

Source of Funding: Funding for this paper was provided by Namseoul university.

Conflict of Interest: Nil

References

1. Abroms, L. C. and E. W. Maibach (2008), The effectiveness of mass communication to change public behavior, *Annual Review of Public Health*, 29, 219-234.
2. Parrott, R.(2004), Emphasizing communication in health communication, *Journal of Communication*, 54, 751-787.
3. Reardon, K. K (1998), The role of persuasion in health promotion and disease prevention: Review and commentary, in Anderson J. A(ed.), *Communication Yearbook*, 11.
4. Cho, H & C. T. Salmon (2007). Unintended Effects of Health Communication Campaigns, *Journal of Communication*, 57, 293-317.
5. Hoog, N. D., Stroebe, W., & Wit, J.B. F. D(2005), The impact of fear appeals on processing and acceptance of action recommendations, *Personality and Social Psychology Bulletin*, 31(1), 24-33.
6. Obermiller, C., Spangenberg, Eric R. & MacLachlan D. L (2005). AD SKEPTICISM : The consequences of disbelief, *Journal of Advertising*, 34(3), 7-17.
7. Obermiller, C. & Spangenberg, E. R.(1998), Development of scale to measure consumer Skepticism toward advertising, *Journal of Consumer Psychology*, 7(2), 159-186.
8. Witte, K.(1992), Putting the fear back into fear appeals : the extended parallel process model, *Communication Monographs*, 59, 329-349.
9. Cohen, D., S. Rolinick, S. Smail, P. Kinnersley, H. Houston, & K. Edwards (2005). Communication, stress and distress: Evolution of an individual support programme for medical students and doctors, *Medical Education*, 39, 476-481.
10. Bandura, A. (1995). *Self-efficacy in changing societies*, Cambridge: Cambridge University Press.
11. Schunk, D. H.(1995). Self-efficacy, motivation, and performance. *Journal of Applied Sport Psychology*, 7(2). 112~137.
12. Bandura, A. (1977). Self-efficacy theory: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
13. Bandura, A. (1984). Recycling misconceptions of perceived self-efficacy. *Cognitive Therapy and Research*, 8, 231-255.
14. Martin, J.J, & Gill, D.L.(1995). The relationship of competitive orientations and self-efficacy to goal importance, thoughts, and performance in high school distance runners. *Journal of Applied Sport Psychology*, 7. 50-62.
15. Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
16. Schuler, R. S. (1980). Definition and conceptualization of stress in organization. *Organizational Behavior and Human Performance*, 25, 189-215.
17. Dumont, M & M. A. Provost(1999), Resilience in adolescents protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression, *Journal of Youth Adolescents*, 28(3), 343-263.
18. Anderson, C. R(1977). Locus of control, coping behavior, and performance in a stress settings : A longitudinal study, *Journal of Applied Psychology*, 22, 446-451.
19. Gall, T. L., Evans, D. R., & Bellerose, S. (2000). Transition to first-year university: patterns of change in adjustment across life domains and time. *Journal of Social and Clinical Psychology*, 19(4), 544-567.
20. Witte, K.(1992), Putting the fear back into fear appeals : the extended parallel process model, *Communication Monographs*, 59, 329-349.
21. McLeod, J. M., & D. G. McDonald (1985). Beyond simple exposure : media orientations and their impact on political processes, *Communication Research*, 12(1), 3-33.

22. Wagner, □. A., & Hollenbeck, J. R. (1992). Management of organizational behavior. New Jersey : Prentice-Hall, Inc.
23. Baron, R. M. & Kenny, D. A(1986), The moderator-mediator variable distinction in social psychological research : conceptual, strategic, and statistical consideration, *Journal of Personality and Social Psychology*, 51(6), 1173-1182.
24. Gore, S., & Eckenrode, J. (1994). Context and process in research of risk and resilience, In R. J. Haggerty, L. R. Sherrod, N. Germezy & M. Rutter (Eds.), *Stress Risk and Resilience in Children and Adolescents* (pp.19-63). N. Y.: Cambridge University Press.
25. Loeb, R. (1990). Development and risk factors of juvenile antisocial behavior and delinquency. *Clinical Psychology Review*, 10, 1-41.
26. Lazarus, R. S., DeLongis, A., Folkman, S & Gruen, R(1985). Stress and adaptational outcomes, *American Psychologist*, 40, 770- 779.
27. Threorell, T., Ahlberg-Hulton, G., Jodko, M., Sigala, F., & Torre, B. (1993). Influence of job strain and emotion on blood pressure in female hospital personnel during workhours. *Work Environment Health*, 19, 313-318.