

# Identifying patient attitudes to healthcare communication



## 01. Executive overview

### Goal

To understand patient attitudes and perceptions regarding healthcare communication across various channels, particularly social media.

### Method

&Robin conducted a survey analysis involving patients with metabolic diseases and those using medical devices. The analysis included matrix and preference questions, along with sentiment analysis of open-text submissions.

### Findings

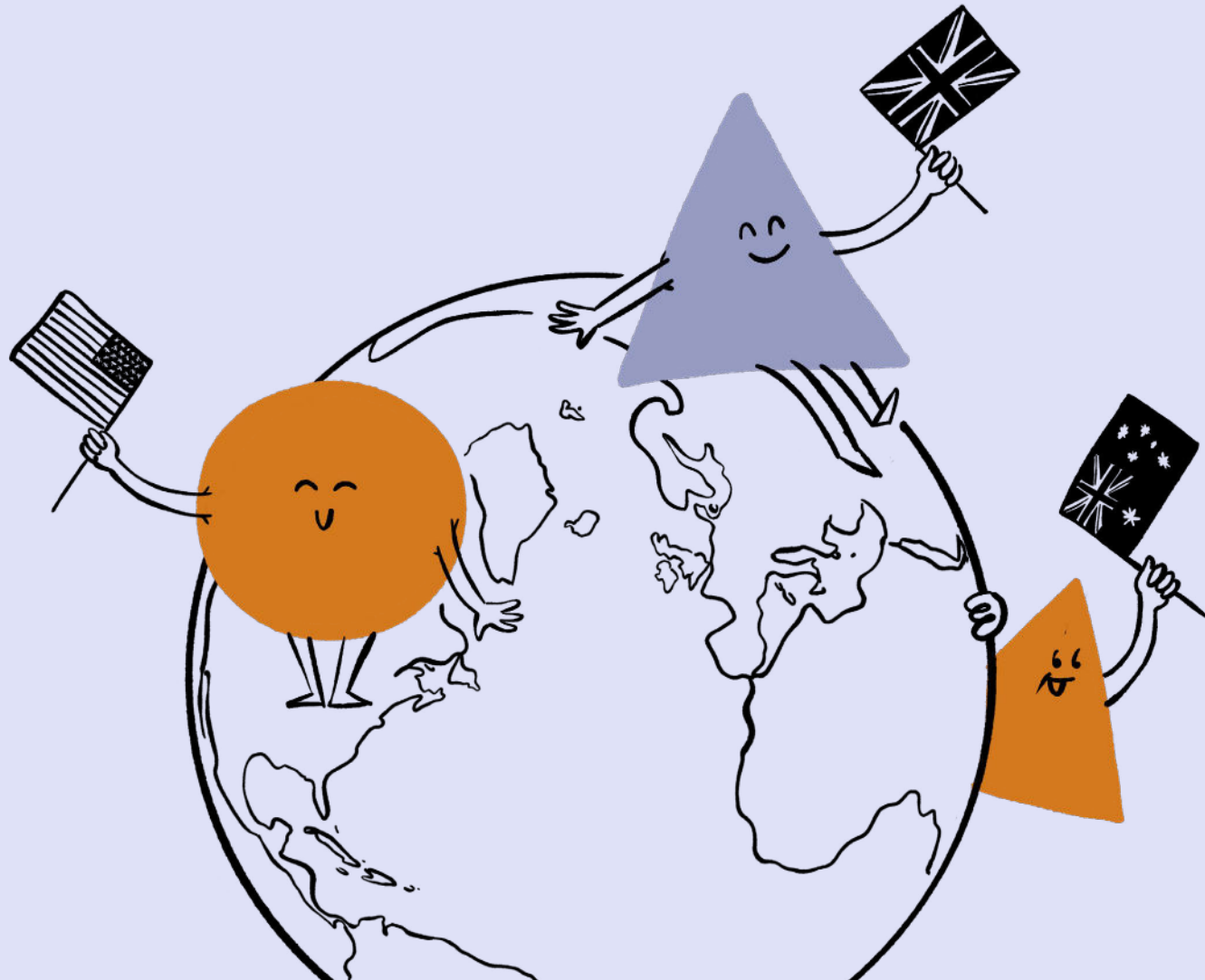
The survey revealed that patients have a high degree of trust in healthcare companies and prefer receiving educational content and support from them. It also identified an unmet need for informal patient-to-patient communication.

### Conclusion

These findings provide a framework for informed discussions on the evolution of patient engagement and communication strategies.

## 02. Introduction to survey

Data collection was through survey analysis of matrix and preference questions, and sentiment analysis of open text submissions. A sample size of 100 patients split across the US, UK & AUS markets were subdivided into two groups: patients using either diabetes / obesity medication, or those using incontinence care products.



## 03. Data analysis: Summary of key findings

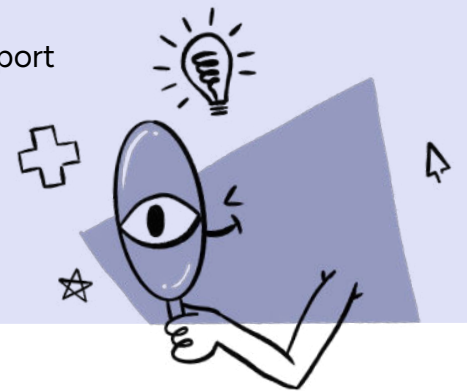
**A close second:** while doctors are the primary information source for patients, healthcare companies are a significant and trusted secondary source. 92% of patients relying on pharmaceuticals and 98% of patients relying on a medical device are open and positive towards content created by pharmaceutical and medical device companies respectively.

**Need for knowledge:** patients prefer receiving educational and support materials digitally, favouring websites and subscription-based emails over social media. 82% and 92% for pharmaceutical and medical device patients respectively demand more educational and support content.

Patients prefer to seek out content themselves on search engines, such as Google and YouTube, rather than rely on content served up in their social media feeds. Pharmaceutical patients demonstrated a preference of 84% for websites, 64% for emails and 70% for video, and medical device patients ranked 82% for websites, 76% for email and 72% for video.

**Upcoming communities:** based on sentiment analysis of open text questions, patients also expressed a clear desire for community building, valuing both

physical and digital spaces for peer-to-peer interaction. For both patient groups, informal peer-to-peer communication was identified as a significant unmet need, with keywords like 'Facebook groups', 'patient groups' and 'support groups' being mentioned regularly.



**84%** *for pharmaceutical and medical device patients respectively demand more educational and support content*

**92%**

Conversely, both patient groups were not engaged by healthcare advertisements, further underpinning the point that patients want to seek information on their terms and not have information broadcast at them. Patients appear to desire good quality content that will help them live better with their condition, as opposed to more advertisements telling them what to take for their condition.

## 04. Strategic implications of key findings - tactics

By seeking out and subscribing to the best quality support and education they can find, patients are openly looking for their treatment providers to play an active role in their disease management. This is suggestive of an ecosystem whereby HCPs play the role of diagnosing and prescribing, and where treatment providers are able to play a key role in the day-to-day management of treatments and conditions.

This represents a unique opportunity for treatment providers to deliver value and build relationships beyond their own prescriber and user base, whereby patients using products from Company A prefer the education and support from Company B. In this scenario, such patients would already have positive associations with Company B when considering future treatment or device changes. These findings support the idea of how corporate brands, by delivering second-to-none education and support, could play a more commercial role.

Not only can a corporate brand facilitate interaction with the patients of its competitors, it could also drive long-term unit sales by improving adherence and retention of its own patients.

### Elevate the corporate brand

Our survey confirmed that doctors were more trusted than pharma when it came to health-related communication and guidance. But it also discovered that the pharma industry comes a close second. The

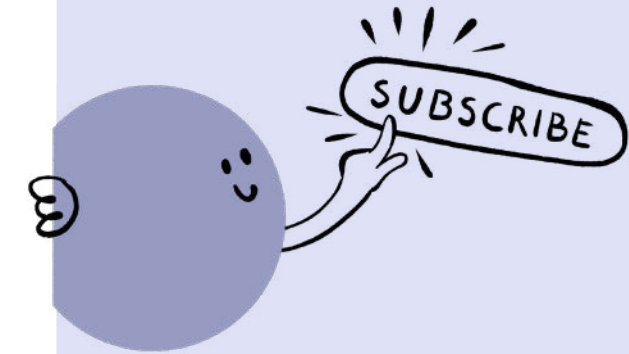
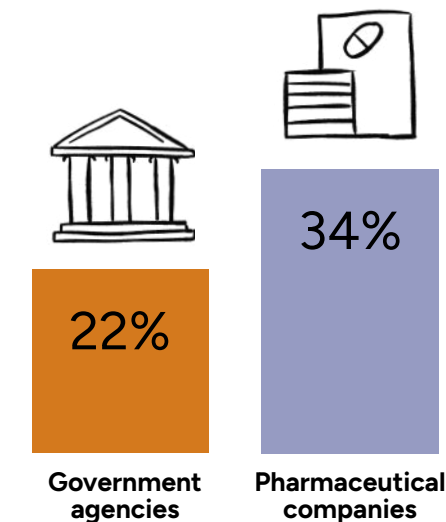
trust levels in government institutions were found to be generally low. These findings are backed up by several other recent studies.

The Holroyd et al, 2021 survey, Trust in Public Health Authorities, made the connection between an individual's trust and their adherence to treatment vaccine guidelines. It demonstrated that those who trusted the 'sender' of the message were more likely to adhere to the vaccine guidelines. The idea that adherence is driven by trust is further reinforced in other studies, like Nwosu, L. C. (2023), Mediating Role of Patient Trust in the Impact of Perceived Physician Communication on Treatment Adherence.

Having established the role of trust in adherence, it is important to note that in the last decade, we have seen a big shift in who the general public trust for information.

The IPSOS Global Trustworthiness Monitor 2022 Report measured the trustworthiness of different sectors. It found that from

Trustworthiness score  
IPSOS Global Trustworthiness  
Monitor 2022 Report



and the user experience should be second-to-none. While the focus of patient platforms must be broader than its own portfolio, the information, knowledge and behavioural change tools it creates can and should completely support and prioritise the strategies of its product portfolio.

Nowhere is this more essential than in progressive diseases, where patients transition through different treatment categories. If a pharma company wants to be the provider of choice across entire patient journeys, it needs to deliver value throughout the entire journey. In the lifetime of a patient, the only brand that does not go off patent or get deprioritised is the corporate brand.

So, if information, knowledge and trust drive adherence, and adherence drives dosing, retention and treatment outcomes, then it goes without saying that the corporate brand can and should be considered as a driver of sales.

### Turn patient sites into sacred sites

When visiting a website, usability expectations do not fluctuate according to what industry the website represents. Whether visiting Netflix, Amazon, Adidas or a patient support website, the usability expectations of site visitors are exactly the same. A poor user experience drives real-time frustration, and it tells the visitor that the platform owner doesn't care enough

2019 to 2022, trust in pharmaceutical companies grew from 25% to 34%, with trust in government agencies falling to 22%. In fact, the pharmaceutical industry ranked as the most trustworthy sector, with government agencies ranking second from last on a list of 13.

Kvarnström et al, 2021 claims that patient adherence is driven by information and knowledge, as well as adherence behaviour skills.

So, if product brands help patients to 'treat' and 'manage' their condition, corporate brands could play a larger role in helping people 'live' with their condition. That type of long-term partnership would mean the corporate brand would actively make it harder for new competitor innovations to disrupt the marketplace.

When it comes to patient platforms, such as a website with its own branding, social media activities and patient support tools, corporate brands should think of them like a trust & loyalty program. Both the content



## 05. The &Robin approach to branded and unbranded patient support

about the time they spend on the platform. Poor usability tolerance is low, and visitors who get frustrated by website usability click off fast and go in search of a platform that does care.

Too often, disease awareness and patient platforms work as repositories for vast amounts of unstructured content, produced by different brands to meet similar, but ultimately different needs. Education often takes a 'here's everything you need to know' approach, which makes it hard for visitors to easily find content relevant to where they are on their treatment journey. Combined with poor user experience, disease awareness sites often navigate visitors around valuable content, but rarely to it. In these instances, the best intentions end up overwhelming and demotivating patients.

Instead of trying to tell patients everything all at once, patient sites should make it easy for patients to identify where they are on their treatment journey, so they can quickly access information relevant to the challenges they are facing at that time. Algorithms should serve up relevant content based on previous searches.

Category leadership should not only be measured in sales and prescriptions; it should also be demonstrated in the quality and useability of patient support, including patient platforms. This continues to be a missed opportunity for many

sectors whereby the product journey from warehouse to user is indirect. But patient platforms need to be rethought of as loyalty and retention drivers, and as such, they need KPIs that are more closely connected to the business model. Only then are we likely to see the commitment and investment needed to bring customer and user experience in line with customer and user expectations.

### The informed, motivated patient

If bringing a molecule through development, approval and commercialisation is the number one challenge of the pharma industry, getting a poorly informed patient to adhere to treatment guidelines must be a close second. Yet the latter does not get close to the same investment or attention.

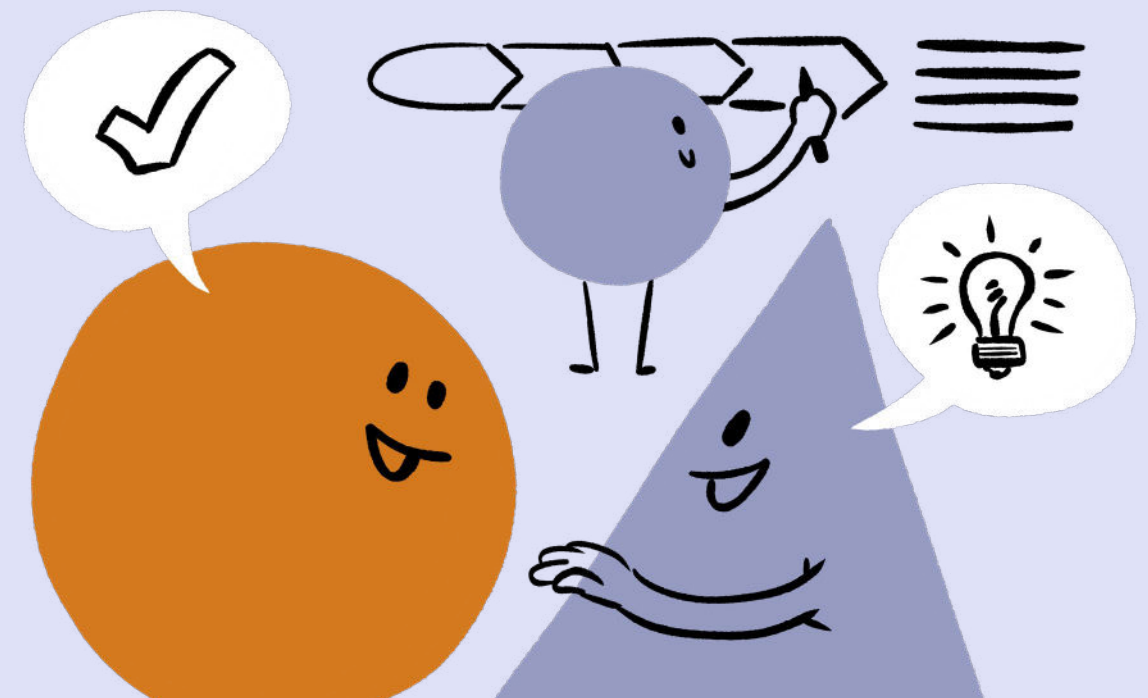
When patients are unable to adhere to treatment guidelines, treatment providers are unable to retain them as patients. Forget lifetime value, those patients are lost to the competition in the category, early in the journey. It's been this way for decades, but we think the time has come to address this missed opportunity in terms of mindset and investment. It won't be fixed with more disease awareness alone, because awareness, literally making people aware, is only the first step in driving change. Awareness needs to be backed up with education and tools that activate, enable and motivate change.

A core aspect of the &Robin approach is our patient engagement workshop. Whether we are creating branded or unbranded patient support materials, our patient engagement workshops start by creating individual treatment journeys for each treatment category. We then apply a change management process to the different phases of the individual treatment journeys: starts/initiation, management/adherence and transition/retention. Only when each patient journey has been validated, and we are sure of the 'job-to-be-done' for each phase, do we begin to identify the intervention points that will inform the development of targeted assets.

We do this because patient platforms perform better when their content and

navigation are closely aligned to actual patient journeys. Treatment journeys and treatment outcomes are more achievable when they are backed up by support materials that target the three core phases of any treatment journey.

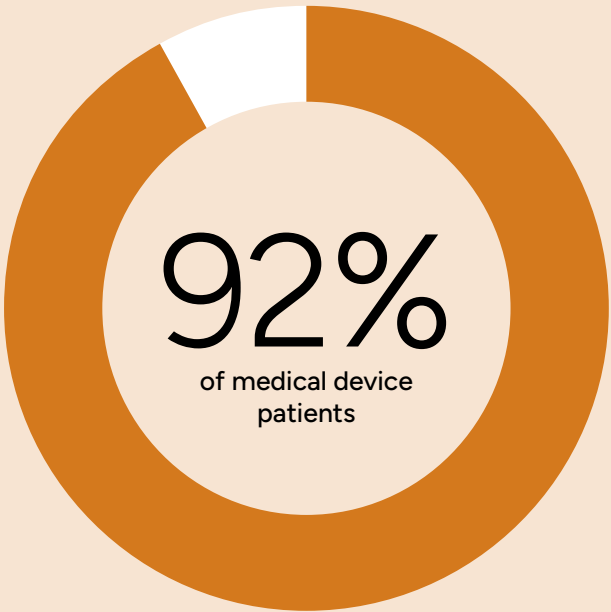
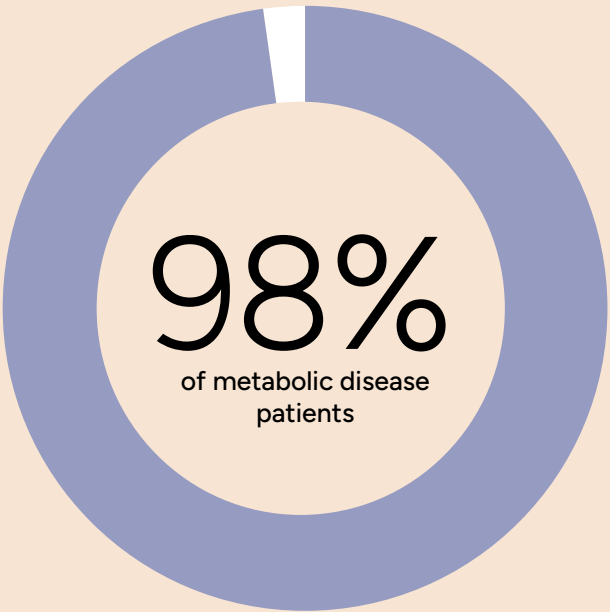
Our patient engagement workshops are not a lecture or an absolute truth, but an opportunity for collaboration and further research together with our clients. By combining our expertise in healthcare communication with our clients' category expertise, we believe we can get patients off to the best possible start, so they can go on to live the best life possible within the constraints of their specific health challenge.



APPENDIX: CLAIMS BANK

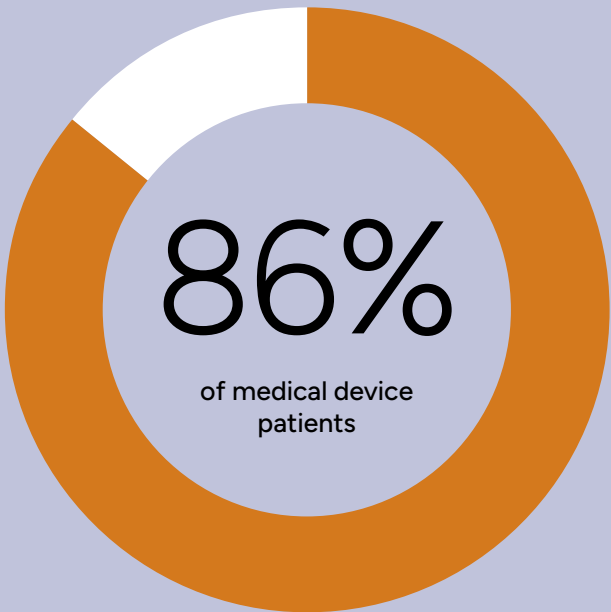
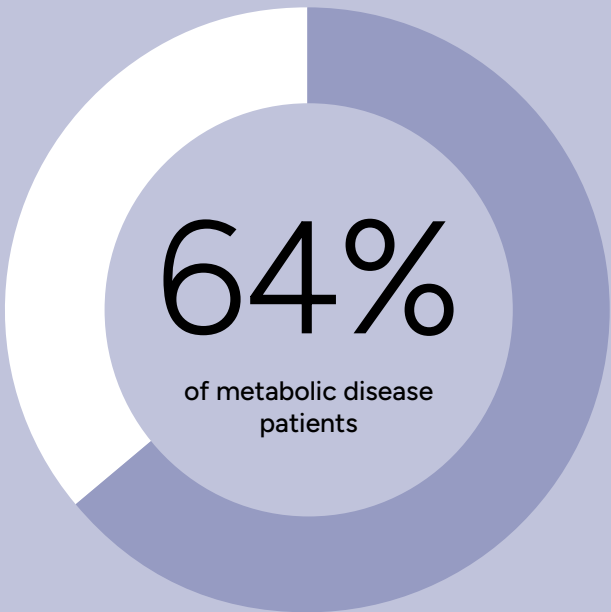
All claims are taken from authors' own survey across 100 metabolic disease and medical device patients

PROVIDING CONTENT AND EDUCATIONAL TO PATIENTS



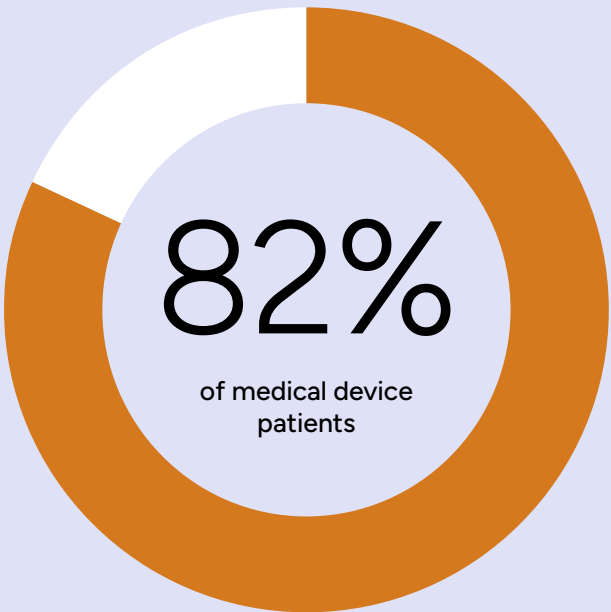
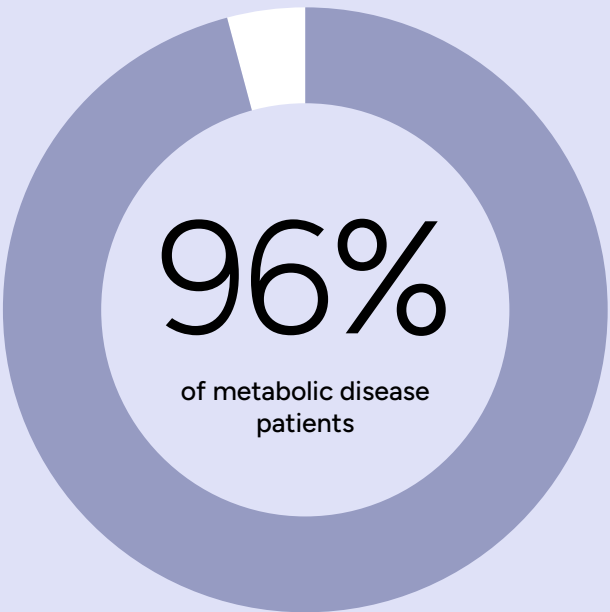
are positive about the content and education produced by pharmaceutical and medical device companies

TRUSTED CONTENT PROVIDERS



agree that pharmaceutical and medical device companies are trusted providers of content

PROVIDING CONTENT TO IMPROVE PATIENT-HCP CONSULTATIONS

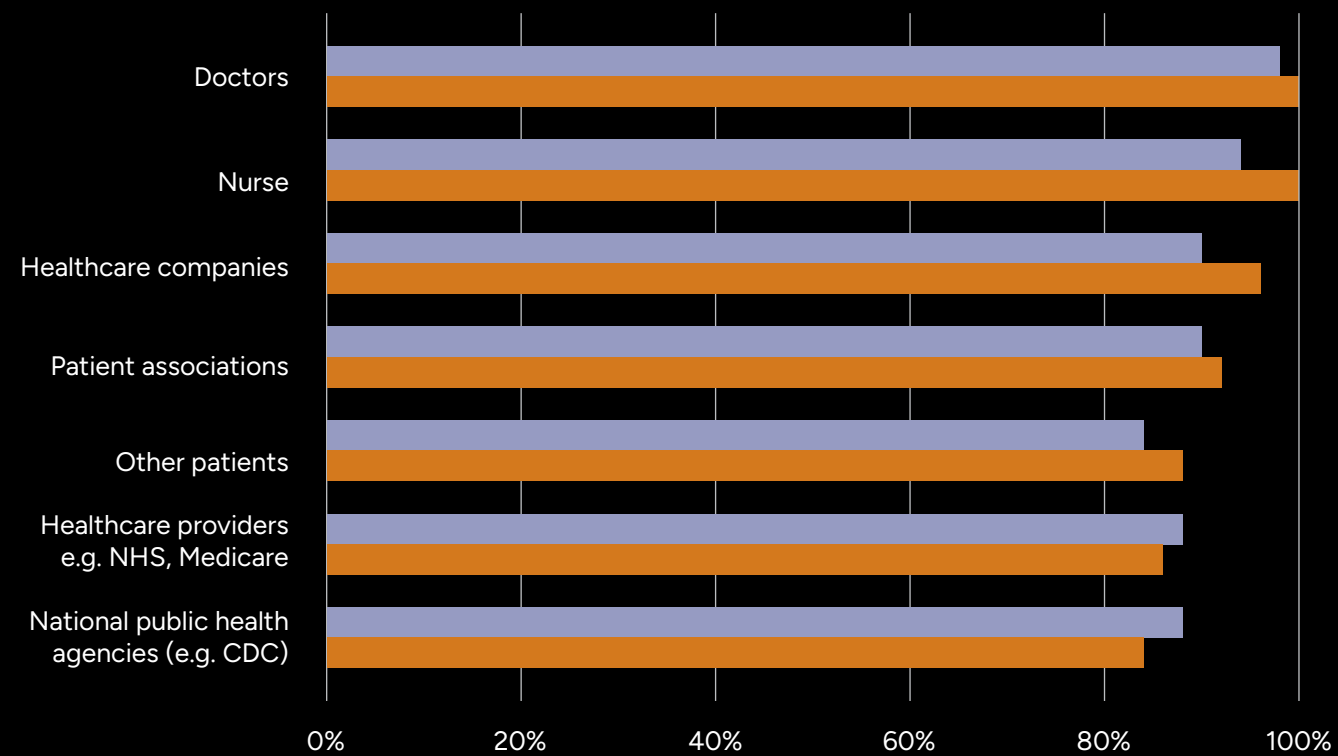


are positive about the content produced by pharmaceutical and medical device companies that enhances their consultations with HCPs

## PATIENT PREFERENCES FOR INFORMATION SOURCES

Metabolic disease

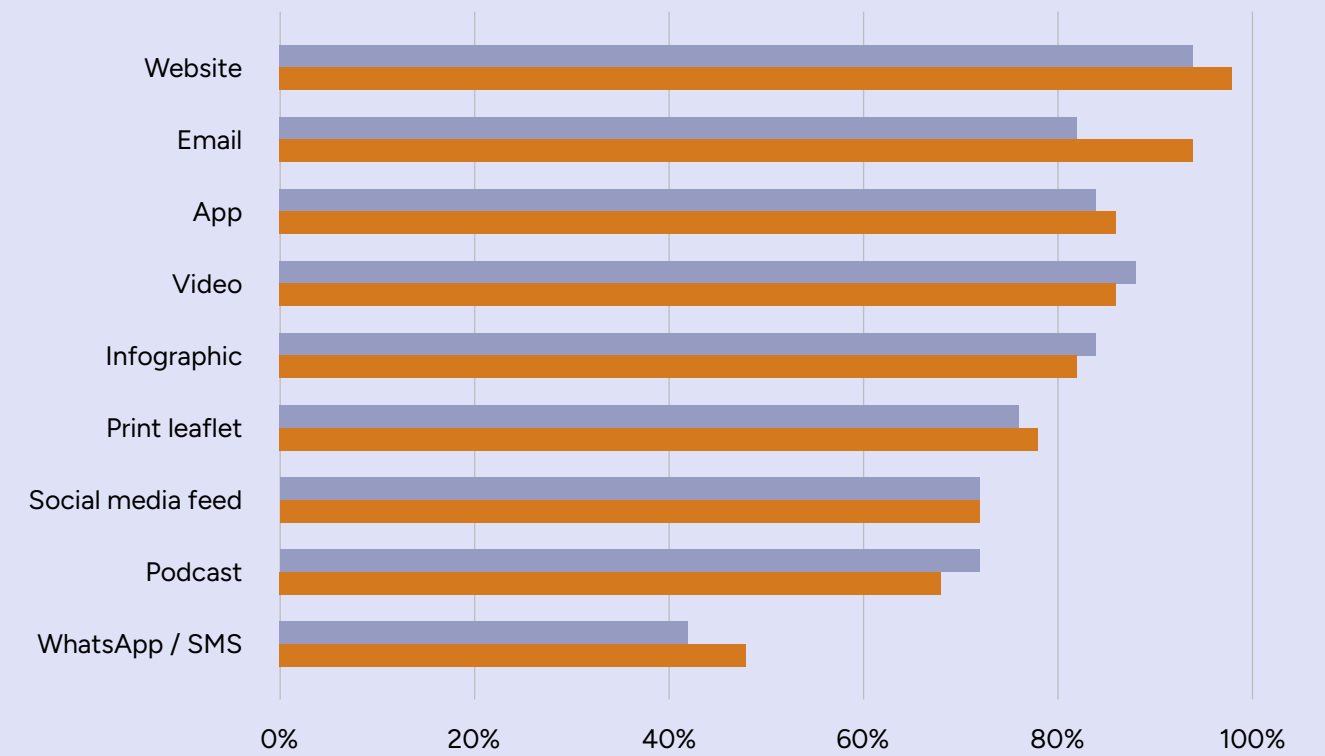
Medical device



## PATIENT PREFERENCES FOR DIFFERENT CONTENT FORMATS

Metabolic disease

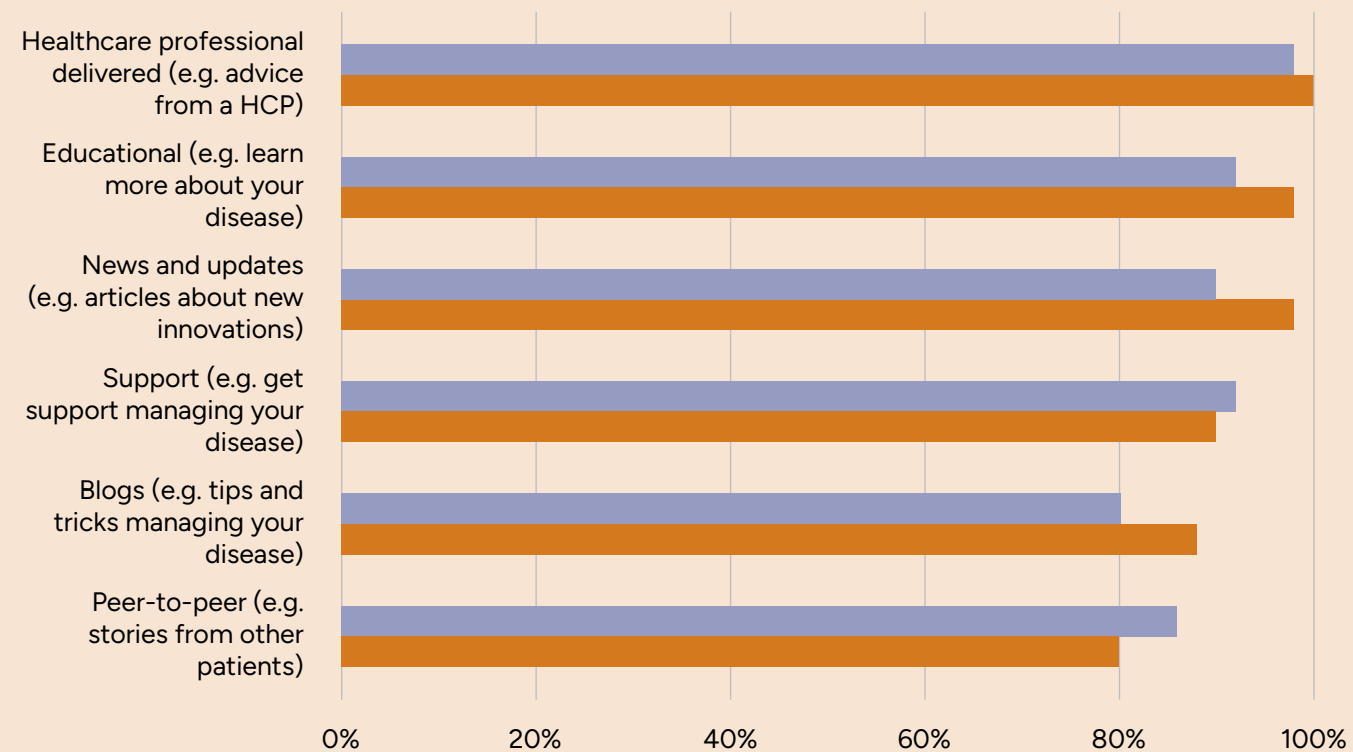
Medical device



## DELIVERING EDUCATIONAL CONTENT TAILORED TO PATIENTS

Metabolic disease

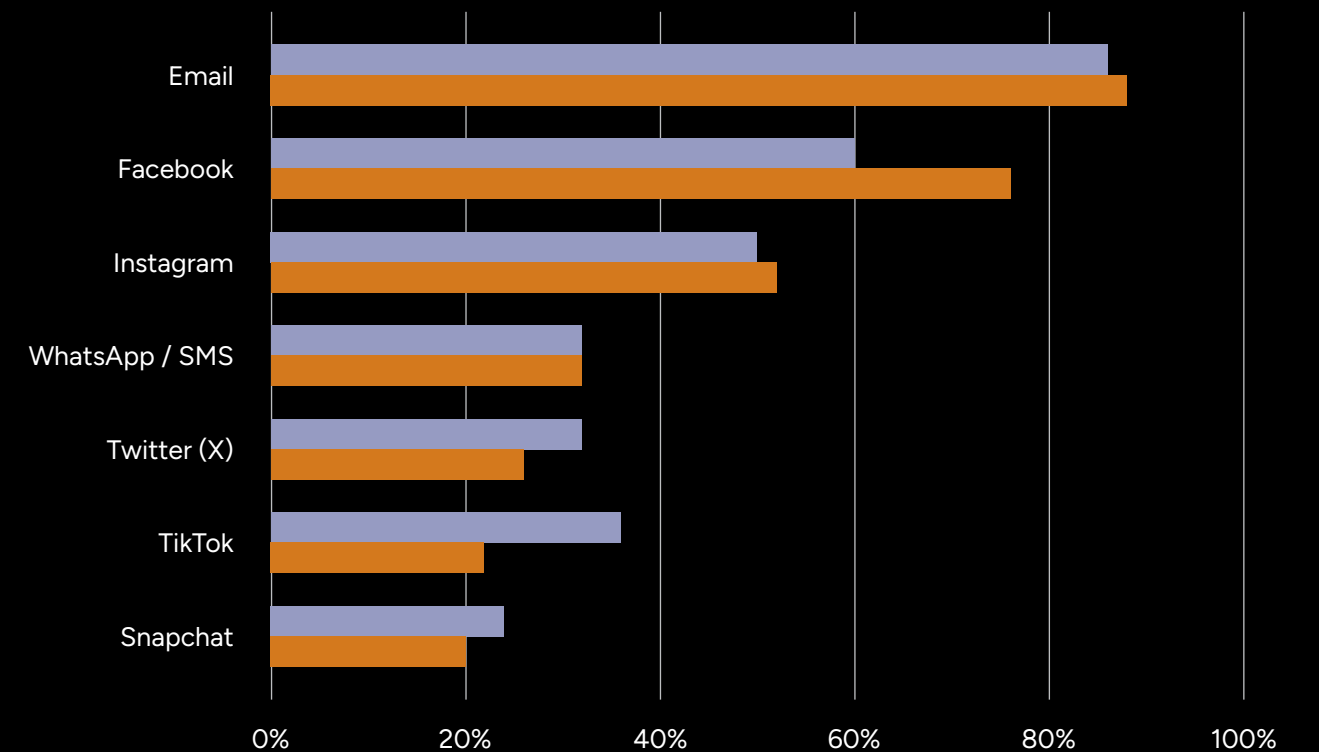
Medical device



## PATIENT PREFERENCES FOR CONTENT DELIVERED IN OWNED MEDIA CHANNELS

Metabolic disease

Medical device



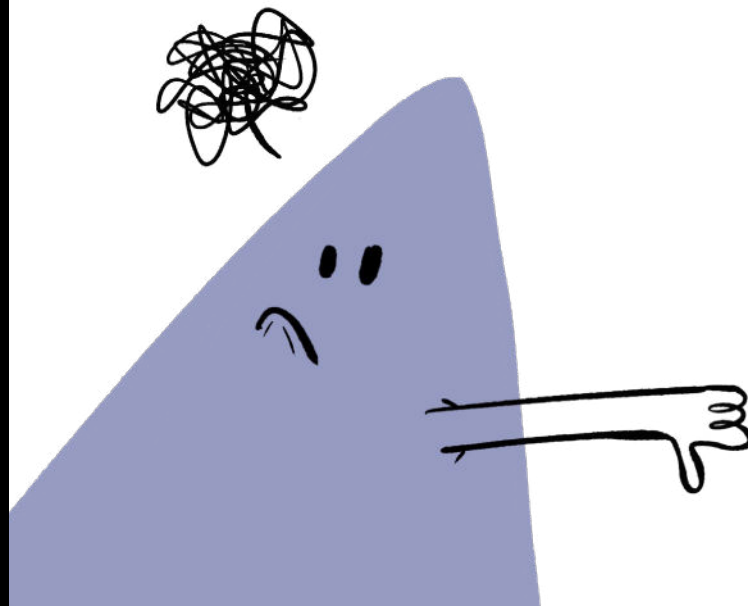
# Final reflections from patients

In the final section of our patient survey, we transitioned from quantitative to qualitative questions, inviting patients to share their positive and negative experiences with communication, as well as any gaps in the provided information



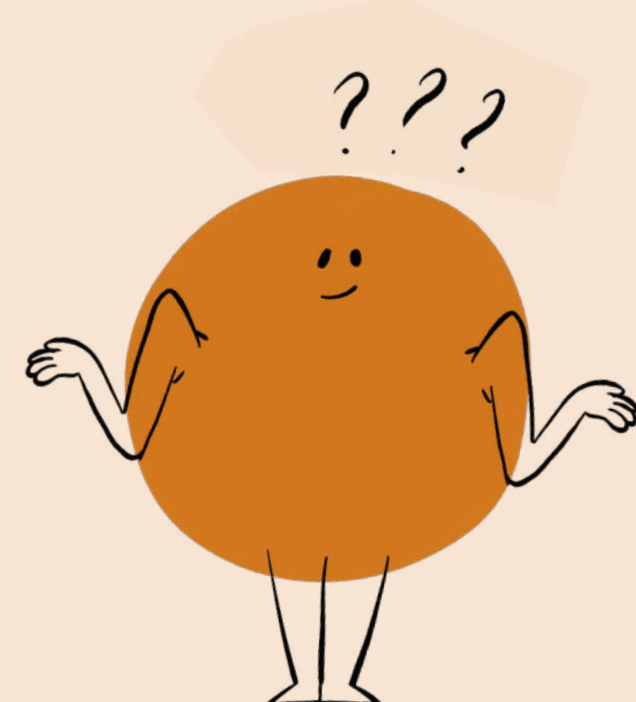
## HELPFUL CONTENT

- # **Social Media & Communities:** Facebook, Reddit, TikTok are valued for support groups, patient tips, and relatable stories.
- # **Medical Websites & Providers:** WebMD, Mayo Clinic, and direct healthcare provider info are trusted sources.
- # **Personal Stories:** Success stories and blogs offer practical advice and relatability.



## UNHELPFUL CONTENT

- # **Distrust in Ads:** Facebook and TV ads are often seen as too commercial or irrelevant.
- # **Complex Information:** Overly detailed and academic content is often unhelpful.
- # **Annoying Formats:** Banner ads, video ads, and lengthy emails are frequently cited as intrusive.



## MISSING CONTENT

- # **Personalized Info:** Demand for detailed, patient-specific content, especially on treatments.
- # **Simplified Explanations:** Need for simple, easy-to-understand medical information.
- # **Visual & Accessible Content:** More visual aids and accessible formats are requested.



## REFERENCES

1. Holroyd, T. A., Limaye, R. J., Gerber, J. E., Rimal, R. N., Musci, R. J., Brewer, J., Sutherland, A., Blunt, M., Geller, G., & Salmon, D. A. (2021). Development of a Scale to Measure Trust in Public Health Authorities: Prevalence of Trust and Association with Vaccination. *Journal of Health Communication*, 26(4). <https://doi.org/10.1080/10810730.2021.1927259>
2. IPSOS. (2023). IPSOS Global Trustworthiness Monitor: Stability in an Unstable World. <https://www.ipsos.com/sites/default/files/ct/publication/documents/2023-01/ipsos-global-trustworthiness-monitor-stability-in-an-unstable-world.pdf>
3. Kvarnström, K., Westerholm, A., Airaksinen, M., & Liira, H. (2021). Factors contributing to medication adherence in patients with a chronic condition: A scoping review of qualitative research. In *Pharmaceutics* (Vol. 13, Issue 7). <https://doi.org/10.3390/pharmaceutics13071100>
4. Nwosu, L., Edo, G., & Jalloh, A. (2023). Mediating role of patient trust in the impact of perceived physician communication on treatment adherence and its implication in healthcare industry. *Science, Engineering and Health Studies*. <https://doi.org/10.69598/sehs.17.23050026>

&Robin is a full-service healthcare strategic and creative agency, with a dedicated scientific engagement team specializing in medical communications.

As a trusted sidekick, our mission is to offer strategic and creative services that drive meaningful connections and positive health outcomes. We go all in to help you showcase your value to the world.

Our sleeves-up approach ensures we make the most of our partnerships, aligning our ways of working to become an extension of your team. Your challenges become our must-win battles, your competitors are the ones we strive to surpass, and your KPIs define our success.

