Social influence on patient choices: A systematic review

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INTRODUCTION

From **an analytical framework** derived from Song et al. (2021):

1. We offer **a microeconomic theory-based overview** of the applied medical and health economics literatures **on patients' decision-making in the presence of social influence**, and
2. We **connect** the **qualities** of **social interactions to choice constructs** to support **the extension of models of choice behavior**, thus allowing health preference researchers to **design and implement discrete choice models and experiments** that better resemble real-world health-related decision-making.

OBJECTIVE

To identify:

1) Structural forms of social relationships (SR) between a decision maker and identifiable individuals or groups (sources) involved in the decision-maker's health-related choices;

2) Functions performed by specific social interactions when sources influence a health-related choice process;

3) Contents of the social relationships affecting the individual's health-related decision-making; and

4) The **health-related choice constructs affected** by such social interactions.

METHOD

Following the PRISMA guideline and using nine databases, we **screened articles 9,036 and selected 208** to create an analytical model (Figure 1) connecting social relationships with choice constructs. We **identified**:

- **Individual agents or groups** involved in health-related choices
- The **functional content** through which social relationships influence patients, and
- The **choice constructs** affected by these processes.

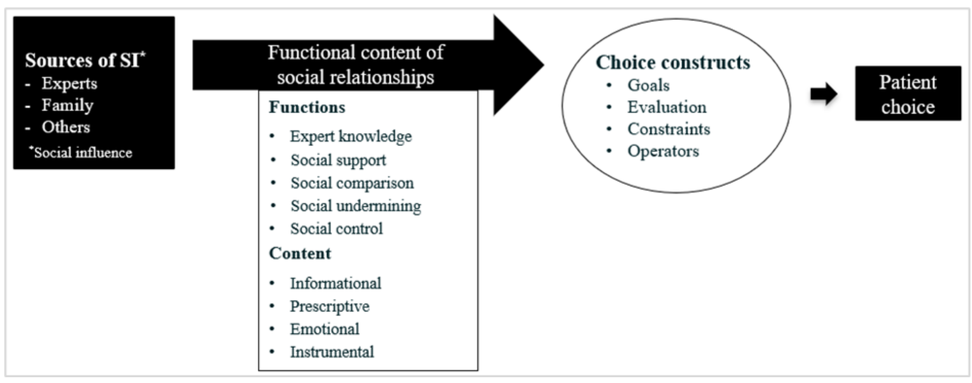

Figure 1 – Analytical model: social influences on health-related decision-making

MAIN RESULTS

- Most frequent sources of social influence are family, friends, specialized physicians, and GPs.
- Dyadic interactions (**DI**) and expert knowledge (**EK**) are prominent functions of **SR**, followed by social control.
- Prescriptive and informational contents are prevalent contents of **SR**, followed by instrumental and emotional ones.

Figure 2

- EK interaction is associated with specialist and GPs.
- Identified and unidentified family members are frequent sources of DI. Less present, friends, support groups, and faith communities also tend to influence patients' choices via DI.
- Social norms relates to patients, coworkers, and friends.
- Instrumental content is associated with partners and children and, less, with other family members and faith communities.
- Specialists and GPs are associated with prescriptive signals. To a lesser extent, this content links with parents and coworkers.
- Patients and children followed by unidentified family members are associated with patients' goals
- O&C describes the influence of health professionals.

Figure 3

- Injunctive norms is associated with prescriptive while descriptive norms is associated with informational content.
- **EK** slightly more associated with prescriptive and **DI** closer to informational content.
- **DI** differentially affects evaluation strategy and goal setting, while descriptive and injunctive norms and **EK** better explain the **O&C** of the choice process.
- Evaluation is associated with informational content. **O&C** is closer to prescriptive ones.
- **O&C** and goal setting are in an intermediary standing between information content and prescriptive and instrumental content.

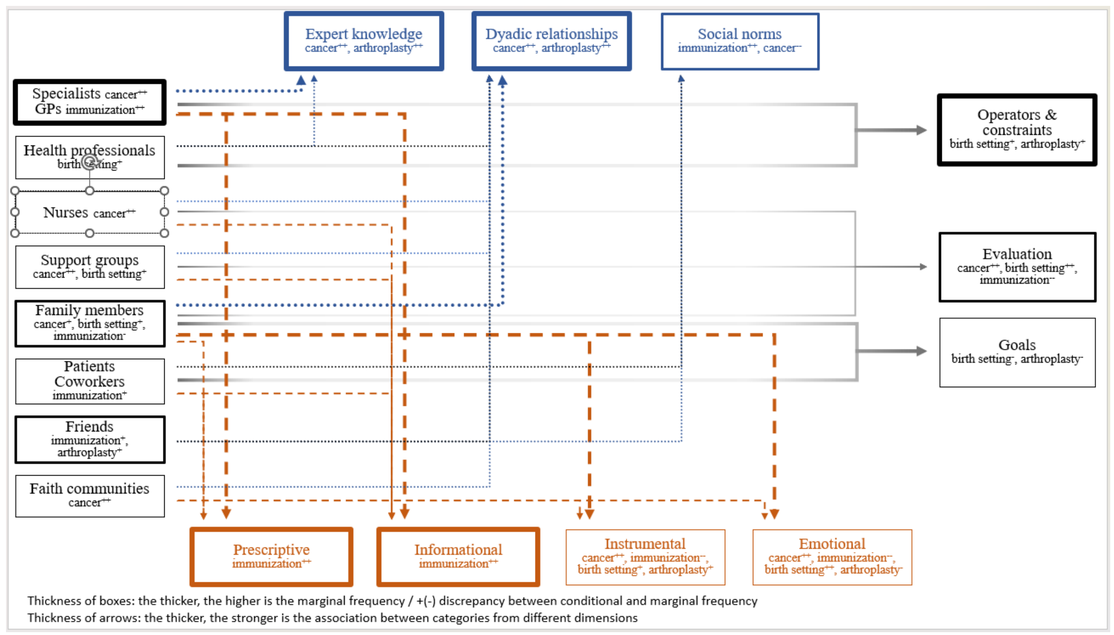

Figure 2 - Association between source of socials influences and downstream constructs of the process

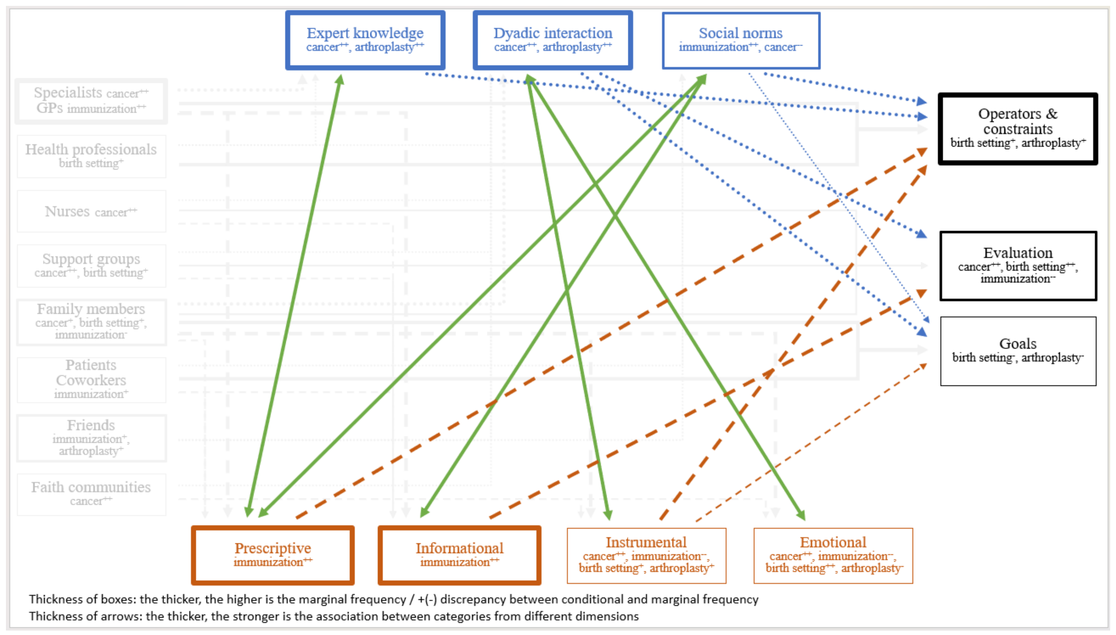

Figure 3 - Associations between social relationships and choice constructs

CONCLUSIONS

We used a comprehensive **analytical framework** that **decomposes** the **functional content** of social interactions **into functions and content**. Our framework establishes the **link between** the components of the **functional content** of social relationships **and** the elements of the patient's treatment **choice process**. By doing so, we have created a structured approach to understanding how social relationships impact individuals' choices regarding their health services and treatment options.

We systematically mapped the existing literature onto this analytical model. This analysis allowed us to unveil potential relationships between the different dimensions of the framework, i.e., sources, functional content of social relationships and choice constructs. Additionally, we gained **insights into the variations across medical areas**. These variations underscore the contextual dependence of our model's operation, highlighting the need to consider specific medical contexts when examining the effects of social influence on health care decision-making.

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Full text

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CONTACT INFORMATION

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