NEW-TO-PRACTICE PHYSICIAN ATTITUDES TOWARD DIRECT MARKETING:
HOW PERSONAZLIZED TACTICS INFLUENCE PERSUASION

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Abstract

New-to-practice physicians may be persuaded by promotional materials and one-on-one interactions with direct salespeople. Using Cacioppo & Petty’s Elaboration Likelihood Model (ELM), this study examines direct marketing techniques that leverage highly personalized elements in combination with strong, relevant arguments to determine whether or not this combined tactic produces the most positive outcome in achieving persuasion among physicians within their first five years of medical practice. In a small sampling of new-to-practice Louisiana physicians, primary research indicated that personalization as a marketing tactic can spark immediate attention, but that interest will wane in the absence of high elaboration likelihood – even in the face of strong argument. Future research among a national pool of research subjects is suggested to better understand the combination of high personal relevance including personalization in tandem with strength of argument.

**Keywords:** direct marketing, physician, persuasion, Elaboration Likelihood Model, personalization
# Table of Contents

Chapter 1: INTRODUCTION 5
  Importance of the Study 5
  Statement of Purpose 6
  Definitions of Terms Used 7
  Organization of Remaining Chapters 8

Chapter 2: REVIEW OF LITERATURE 10
  Philosophical Assumptions 10
  Theoretical Basis 11
  Literature Review 15
  Rationale 25
  Research Questions 25

Chapter 3: SCOPE AND METHODOLOGY 26
  Scope of the Study 26
  Methodology of the Study 27
  Validity and Reliability 31
  Ethical Considerations 31

Chapter 4: THE STUDY 32
  Results of the Study 32
  Discussion 42

Chapter 5: SUMMARIES AND CONCLUSIONS 44
  Limitations of the Study 44
  Recommendations for Further Study 45
  Conclusions 46

REFERENCES 50

APPENDIX 54
  A: Invitation Emails 54
  B: Landing Pages 57
  C: Online Survey 60
Chapter 1: INTRODUCTION

Importance of the Study

As part of the Affordable Care Act, the Centers of Medicare & Medicaid Services (CMS) is required to report payments to Congress, and subsequently, the CMS recently published healthcare payment results totaling nearly $3.7 billion in revenue for 4.45 million recorded payments (2015). Based on this report, physicians as a subset of the U.S. healthcare consumer market clearly hold the potential for significant financial reward, and savvy sales and marketing teams seek to target this population for consumer spending. Brunner (1988) cites a multitude of industries that spend a substantial amount of capital on marketing and advertising to increase sales to the medical professional market. Manchanda and Honka (2005) state that the pharmaceutical industry alone spends $7 billion annually on its salesforce, and $2.8 billion on advertising to doctors each year. A recent article in the Journal of Law, Medicine & Ethics reported on a physician-focused digital company called Epocrates, in which one of their executives explained, “‘There are only 600,000 people who are allowed to prescribe drugs, so…if you have a channel to reach these physicians, it is a goldmine.’” (Landa & Elliott, 2013, p. 677). Gaining insight into which marketing techniques are most effective can optimize organizational return on investment in direct-to-physician advertising.

Physicians who have recently entered practice in the United States are kick-starting their careers under the structures of the Affordable Care Act. Regulations subsequent to this legislation require the use of electronic medical records-keeping and other administrative duties as the onus of the new doctor under the Health Information Technology for Economic and Clinical Health Act (HITECH) requirements for Meaningful Use through adoption of Electronic
Health Records (Blumenthal & Tavenner, 2010). New physician adoption of these kinds of technologies and administrative roles may influence their reactions to marketing messages in a variety of ways. These administrative duties may overwhelm the healthcare provider with too much clutter, such that they ignore traditional marketing messages because of the sheer volume of information distributed to their attention. Alternatively, due to the early stage in their careers, new-to-practice doctors may more readily adopt administrative roles and embrace electronic communication quickly leading to greater opportunities for marketers to inform and influence these healthcare providers. A thesis dedicated to the research of new-to-practice physician behavior should illuminate more effective methods of marketing to and gaining longer-term loyalty from a lucrative consumer sub-segment.

Statement of the Problem

Direct marketing is a promotional method of communication intended to motivate behavioral change. The thesis explores persuasion motivators in new-to-practice physicians in the United States after experiencing direct marketing communication. The Literature Review identifies methods of direct marketing that leverage the techniques of direct-to-physician communication, and the findings from this secondary research tie in naturally with primary research to better understand the persuasion motivators of a physician within the first five years of his or her professional healthcare career.

This research examines direct marketing techniques that will most successfully prompt new doctors to make decisions or adjust behaviors according to the objectives of a for-profit marketer. Marketing objectives may be to increase awareness of specific subject matter, to expand interest in that subject, or to prompt specific activity in response to the marketing
ATTITUDES TOWARD PERSONALIZATION IN DIRECT MARKETING

materials (e.g., prescribe a drug, purchase a product or service). Based on recent marketing articles and studies, it is hypothesized that leveraging a combination of strong arguments coupled with highly personalized, direct-to-physician marketing tactics such as promotional mailings, advertising, and/or in-person sales pitches with consistent messages over time will positively influence a new-to-practice physician’s decision to behave in the way intended by the marketer.

Definitions of Terms Used

Click-through rate: (CTR) Measurable online behavior in which the number of users who click on a specific link out of the total users who view a digital entity (i.e. email, webpage, online advertisement). According to Google AdWords, a "Clickthrough rate" is "a ratio showing how often people who see your ad end up clicking it...CTR is the number of clicks that your ad receives divided by the number of times your ad is shown expressed as a percentage (clicks ÷ impressions = CTR)" (Google, n.d.).

CME: Continuing Medical Education (CME) is lifelong learning obtained after medical school to help medical doctors maintain competence within evolving. Medical professionals can use CME to meet requirements for their license to practice medicine, for other regulated certifications and credentialing, membership in professional societies, and other professional privileges (like earning a discount on medical professional liability insurance premiums). Not all continuing education is accredited by third-party watchdog groups, but some CME is, indicating to healthcare providers that the content of the CME program has been proven to be relevant, effective, and of the highest quality.

Direct Mail/Direct Marketing: Advertising distributed in bulk to unique, individual recipients through any number of one-to-one communication channels. These terms are used
 interchangeably in this thesis because the term "mail" is currently leveraged in the marketing industry as a broad umbrella category of both physical and digital documentation. Direct marketing tactics can be comprised of documents such as letters, postcards, emails, dimensional parcels, and even one-on-one in-person sales pitches.

_Landing page:_ Website page display accessed when a user clicks a hyperlink from another digital property, such as another webpage or email.

_Open rate:_ Measureable email behavior in which the total number of unique users who actively open or view an individual email is calculated among the total number of users within an email distribution list.

### Organization of Remaining Chapters

This thesis is organized into five chapters, of which the first is this introduction. Chapter 2 includes a literature review of previously published insights into direct marketing, personalization, and physicians as a consumer audience. It also outlines the philosophical assumptions and theoretical basis for the primary research study. Chapter 3 charts the scope and methodology of the study, and Chapter 4 details the results of the study followed by clear answers to each of the research questions. Chapter 5 provides a conclusion to the research, examining the limitations of the study, a discussion of possible rationale for the small sample size, and a recommendation for future study.
Chapter 2: REVIEW OF THE LITERATURE

Philosophical and Ethical Assumptions

The philosophical basis for this study is rooted in Aristotle’s Golden Mean. Aristotle approaches rhetoric in terms of examining all possible persuasion techniques (Griffin, 1994, p.349). He assumes that the extremes of lying – in diametrical opposition to brutal honesty – produces negative outcomes. The “middle way” or “Golden Mean” is an approach that tempers elements of both extreme. Aristotle’s goal in embracing this philosophy is to discover the magical medium approach to communication in hopes of achieving a positive outcome (Griffin, 1994, p.349). Applying this philosophy to the thesis illuminates more balanced techniques and identifies best practices in the construction of non-extreme direct marketing messages that produce audience interest, understanding, acceptance, and intended behavioral adjustments.

In addition to finding equilibrium in promotional appeals, the marketer must work under the assumption that the critically thinking physician is discerning and selective in his or her reception to persuasive arguments. Thomas Nilsen’s significant choice philosophy is one in which “only a self-determining being can be a moral being…” (Griffin, 1994, p.242). Persuasive appeals are ethical to the extent that they reinforce the human capacity to choose. The ethical influence test that Nilsen proposes directs this thesis in its search to understand the power and limitations of persuasive speech within the context of free choice among the receptors (p.242). The thesis explores best practices in achieving sound arguments in persuasive communication with discriminating new-to-practice physicians.

Beyond these basic truths in marketing communication, an assumption of the value of being fully human grounds the foundation of the thesis. The purpose of this study is to examine
how the personalization of direct marketing to new-to-practice physicians plays to the ego of the medical doctor under the assumption that the appeal to narcissism might subsequently eliciting interest in the marketing message. The hypothesis is that marketing communication is more effective when it is inclusive of the name of the physician or when it features personalized imagery or leverages multimedia materials relevant to an individual doctor’s medical specialty, age, gender, ethnicity, or some other highly relevant variable. “Individualism-collectivism” refers to cultural theory that individualization within small group communication argues that people behave differently when acting alone versus acting within a small group in a mob or herd mentality (Myers & Anderson, 2008, p.77-78). Individualized communication, therefore, should be approached differently than mass communication when crafting messages and supplemental content. In a world where individuals who are treated more humanly, the assumption is that those individuals are more likely to be persuaded than those treated like objects. Mindful of Aristotle’s “Golden Mean,” a marketer must balance the approach to persuasion when appealing to the humanity of a target audience.

Theoretical Basis

Elaboration Likelihood Model

Embracing the Elaboration Likelihood Model (Petty & Cacioppo, 1986) for the purposes of this thesis, the assumption is that the ability to persuade is complex and less predictive. Persuasion, therefore, cannot be held to scientific theory under the premise that individuals exercise free choice. The Elaboration Likelihood Model (ELM) is an amplification of Petty and Cacioppo’s socio-psychological framework on persuasion (Petty & Cacioppo, 1980, 1981) to clarify the combination of factors that contribute to overall motivation to think critically and
ATTITUDES TOWARD PERSONALIZATION IN DIRECT MARKETING

subsequently be persuaded. When “elaboration likelihood” is high, motivation to engage results in greater probability of a person to “(a) attend to the appeal; (b) attempt to access relevant associations, images, and experiences from memory; (d) draw inferences about the merits of the arguments for a recommendation based upon their analyses of the data extracted from the appeal and accessed from memory; and (e) consequently derive an overall evaluation of, or attitude toward, the recommendation.” (Cacioppo & Petty, 1984, p. 673). This model takes into consideration “central route” systematic persuasion processes when elaboration likelihood is high, as well as “peripheral route” heuristic views of persuasion when elaboration likelihood is low (p.673). Regardless, the authors conclude that the critical factor in persuasion is the way in which an individual experiences relativity or personal resonance with persuasive arguments based on preexisting factors like prior knowledge, which impacts cognitive engagement with a message. This theoretical model draws on social psychology which indicates that persuasion may be affected by the strength of argument (a central route) as well as factors such as communicator attractiveness or expertise/credibility (a peripheral route). Predictions from the ELM support the hypothesis of this thesis, emphasizing the significance of personalization and tailoring of persuasive appeals to new-to-practice physicians with high involvement or resonance with the heart of the persuasive message.

When analyzing the effectiveness of persuasive messaging, one can point to a study by Petty, Cacioppo and Goldman (1981) on the relevance of personal involvement in persuasive messaging. The hypothesis of the authors’ study was that if a topic was highly relevant – personally – to an individual, it would be easier to persuade because the individual would give careful consideration to the issue at hand. While this study specifically monitored the authors’
hypothesis in terms of persuasive messages in the form of arguments, the findings are relevant to this thesis because argumentative or not, persuasion is a primary objective of marketing communication. The Petty, Cacioppo and Goldman study was conducted in a group experimental format among University of Missouri undergraduates. Subjects consumed both auditory and written communication in three independent variable states: high and low levels of personal involvement, source expertise, and argument quality. The results proved that more subjects were persuaded when “the strong arguments produced significantly more agreement than the weak only under the high-involvement conditions” (p. 851). The primary authors of this study, Petty and Cacioppo, are also the theorists behind the ELM theory of influential interpersonal communication (Petty & Cacioppo, 1986). The results of their “Personal Involvement as a Determinant of Argument-Based Persuasion” study are relevant to the thesis because they indicate that high personal relevance in a message encourages systematic processing of that message, and when coupled with strong supporting messages, can produce greater levels of persuasion among individuals. This conclusion echoes the outcomes of research by Dijkstra & Ballast (2012) who examined “self-referent encoding;” the phenomenon of cognition within the context of the self (p. 62). While the Petty, Cacioppo and Goldman study is limited to the results from a small group of college students, conclusions drawn from their research have a correlation to the relevance of personalized messaging when aiming to persuade a highly targeted audience. Personal relevance as a communication tactic used in tandem with the tactic of personalizing or tailoring messages to the unique, individual recipient is what requires further study among new medical doctors.
Application of the Elaboration Likelihood Model to Research

The Elaboration Likelihood Model (ELM) is centered on the assumption that attitudes shape decisions. This model also suggests that multiple factors – both central and peripheral – form human attitudes. In the scope of literature reviewed, it is clear that marketers who are aware of these variables ultimately find greater success in persuading their target audiences. The Petty, Cacioppo and Goldman (1981) study emphasizes that motivators such as high personal relevance can greatly influence an audience that is thinking clearly about a message. That conscious consideration is key to the ELM theory, and is central to literary concepts (Mathew et al, 2010, Hansen, 2009; Pastor, 2014) that emphasized the need to increase message exposure for a higher likelihood of audience reception. More significantly, the ELM theory examines an individual’s motivators, which substantiates the need to examine the best persuasive communication techniques in direct marketing.
Literature Review

Elements of Direct Marketing to Physicians

Before one can understand how new-to-practice physicians form attitudes and change behaviors, one must comprehend the scope of direct marketing mechanisms with which organizations disseminate persuasive messages. In a review of literature, direct-to-physician marketers leverage printed mail as well as electronic mail and other digital means to communicate with their target(s). Through the use of relevant imagery and compelling written arguments, marketers attempt to directly connect with consumers with the goal of persuading unique message recipients to think, feel, or behave differently than they did before experiencing the direct marketing.

Physicians receive a high volume of promotional mail, and according to an evaluation of the characteristics of direct mail to physicians by Brunner, Jeen-Su, and Zallocco (1988), certain elements within these marketing materials are more effective than others. The study sampled responses from 1,285 members of the American Medical Association via mailed questionnaires. In this study, the authors discover fascinating characteristics such as the use of relevant photographs, succinct product benefit summaries, and even specific color use that more greatly appeals to the physician market. More meaningful, however, was that the authors conclude that one of the limitations of their study included the fact that their data may be skewed based on the medical specialty-specific content featured in their sample mailings, and that “the result emphasizes the need to fine-tune mailing lists so that promotions are mailed only to physicians who are potential users of the product” (p.62). Brunner et al. (1988) bring concepts that are relevant to this thesis because of their emphasis on strategically personalizing direct mail to
optimize physician reactions to said marketing techniques. Beyond the pitfalls the authors conclude themselves, the greatest limitation to this study is the age of the data collected. Over time, healthcare provider opinions may have evolved due to any number of variables. New-to-practice physicians in particular may not have the same reactions to these elements of personalization examined in the Brunner study, however, and further studies are necessary.

According to a recent article in the *New England Journal of Medicine*, 25% of pharmaceutical company marketing budgets are dedicated to advertising in digital marketing outlets such as websites, mobile applications, social media, and even electronic health records (Manz, Ross, & Grande, 2014). A separate study of four medical organizations’ Twitter accounts proved that some unique users followed multiple medical organizations’ Twitter accounts (Mishori, Singh, Levy, & Newport, 2014). Public Twitter data collected over three months in 2012 and assessment of the flow of tweets brought about the conclusion that tweeted content “must be timely and engaging in order to provide the hook for followers to retweet” (Mishori, Singh, Levy, & Newport, 2014, p. 12). The authors state that overlap between followers in related medical Twitter networks aids in community development, citing commonalities between those followers. The research is relevant to this thesis because it is assumed that the majority of the followers of the studied Twitter networks (the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, and American College of Physicians) are doctors themselves, and that social media networks are another proven mechanism for direct marketing to the new-to-practice physician audience in particular. The study is primarily relevant to this thesis because it provides support for the assumption that physicians will actively “follow” credible, known, relevant medical
organizational communication distributed digitally. While the study is limited in its short
timeframe of data collection and assessment, the authors call for large-scale research of medical
organizations on Twitter to analyze follower behavior. Though Twitter is a public-facing mass
media outlet, the ability to direct message an individual follower is a method of direct marketing
that can hypothetically influence new-to-practice physician behavior. Further study of social
media-based direct messaging should be conducted to understand the greater motivator.

The Effect of Direct Marketing Techniques

Research reveals that message exposure and audience attention matters in direct
marketing. If an intended audience does not receive a message, they are not impacted by the
persuasive messages crafted by an organization. The review of literature, therefore emphasizes
that replication of persuasive messages through multiple means of communication increases the
likelihood of target reception.

In a 2010 study of the effects of direct marketing to physicians, authors reviewed a 2005
University of North Carolina School of Medicine Tobacco Prevention and Evaluation Program in
their execution of a direct marketing campaign featuring a tube mailing of educational and
promotional literature designed to improve awareness and use of a tobacco cessation “quitline”
in North Carolina (Mathew, Goldstein, Kramer, Ripley-Moffitt & Mage, 2010). The study stated
that the surveyed who read the marketing materials were more inclined to behave according to
the objectives of the marketing campaign than those who read none of the direct mail (p.843).
This study suggests that once a healthcare provider reads mailed information, he or she is more
likely to positively respond to the marketing objectives of general awareness and behavioral
change: deciding to purchase. The study also indicated that physicians who were previously
aware of the materials being marketed “were significantly more likely to report an intention to use” (p.843). This behavior leads one to believe that direct marketing in association with other methods of advertising reinforce campaign messages, thus prompting more positive outcomes in a healthcare provider’s purchasing decision-making.

In a 2009 working paper, “The Interplay of Personal Selling and Direct Marketing: An Exploratory Study in the Pharmaceutical Industry”, author Ann-Kristin Hansen studies the "intensity in which direct marketing supplements or substitutes personal selling" (p.19). Hansen utilizes grounded theory, integrating the research process from problem identification to reporting, via semi-structured in-depth interviews with pharmaceutical sales and marketing managers. The results of her study provide implications for well-designed integration between personal sales and direct marketing that can ultimately enhance pharmaceutical sales productivity. While the research is limited to a single industry, the results are relevant to this thesis because they provide evidence that direct marketing can positively influence a new-to-practice physician's decision to purchase. This is relevant to the thesis because the primary research revolves around physician responses to a hypothetical direct mail postcard.

Harkening back to Pastor's research, the author reveals that the use of personalization in one-to-one marketing can produce concerns for privacy among targeted audiences. For example, "intrusive advertisements...may be perceived as annoying and result in reluctance, such that consumers behave in the opposite way to the one intended by the advertiser" (Pastor, 2014, p.21). This supplemental insight from Pastor’s study is relevant to the thesis because it illuminates variables that could negatively influence a new-to-practice physician during the
course of personalizing one-to-one marketing, thus emphasizing the need to refine direct marketing strategies to optimize end results.

**Personalization as a Direct Marketing Technique**

Tailoring the marketing messages presented in the aforementioned communication vehicles has been proven to positively influence a target audience’s reception to persuasive communication. In a review of preexisting studies, marketers tap into the ego of humanity by personalizing messages to the intended audience in an effort to capture interest and persuade attitudinal – and eventually behavioral – change.

Implicit egotism is defined as the tendency for people to “gravitate toward people, places, and things that resemble the self,” according to Pelham, Carvallo and Jones (2005). In their paper, “Implicit Egotism”, the authors cite research from 1985 in which social psychologist Jozef M. Nuttin, Jr. proves his theory of the *name-letter effect*; a phenomenon indicating that people are often unaware of their preference for the letters in their own names (p.106). The conclusion that Pelham, Carvallo and Jones draw from Nuttin and other psychological researchers is that self-associations are favorable to persuasion. Knowing this tendency for people to react positively to elements reminiscent of themselves makes the case for marketers to capitalize on this tendency and personalize messages in their efforts to sway consumer thoughts. In an investigation of physician personality traits, Munro, Bore and Powis (2005) examined the presence of narcissism, aloofness, empathy and confidence among medical school students and applicants to better understand medical doctor ethical behavior. In their study, they reviewed Vigilante’s 1983 list of defining attributes of narcissism among social workers – which Munro, Bore and Powis (2005) consider related to the practice of healthcare (p.50). The Vigilante list
included: “overvaluing his/her performance…pre-occupation with what s/he will do rather than with the client’s need or participation; seeking attention and admiration in professional activities; viewing the professional role as that of a savior who cures others;…and resistance to learning that may change one’s philosophy” (p.51).

The concept of personalization in marketing can be interpreted in different ways, however, but for the purposes of this thesis, it is defined as "the communication approach as the ability of a company to recognize and treat its customers as individuals through personal messaging" (Pastor, 2014, p.14). In Adria Izquierdo Pastor's (2014) thesis, “Online Personalized Communication,” the author concludes that marketers leverage the personalization technique to increase profits, optimize response rates, increase customer loyalty, and differentiate the company conducting the marketing (p.16). Her study compiles primary quantitative data statistically analyzed via online open (random) surveying featuring questions drawn from existing literature. This survey was distributed to random Internet users over the course of 10 days. As a result of Pastor’s survey, the author recommends that companies tailor web experiences to the desires of the web visitors so that pages display only content relevant to unique, individual users. Her research also suggests that personalized email advertisements can increase click-through rates (p.25). While Pastor's research provides concrete web user reactions to online marketing techniques, the study is limited to a short timeframe and to a volunteer pool of participants whose attention may be biased, incomplete, or thoughtless. Responses to her survey were restricted to users under age 30, however, which mirrors the target age range for the study of this thesis. The research is relevant to this thesis because the results of Pastor's work
provide insights into the tactic of personalization in direct marketing, supporting the advantages of using this technique to positively impact a new medical doctor’s attitudes or decisions.

To examine the technique of personalization in persuasive communication, a 2012 study by Dijkstra and Ballast offers support of the effectiveness of featuring a recipient’s name to personalize information in “computer-tailored interventions.” In their experimental research, the authors tested the effects of either omitting or mentioning the subjects’ names to assess cognitive processing of that personalization element in association with strong versus weak argument communication structure. The experiment was conducted with the framework of 120 undergraduate students who smoked, and the intent of communication was to persuade the subject to change their behavior and stop smoking. As a result of this study, Dijkstra and Ballast (2012) found that increased persuasion occurred when messages were highly relevant and personalized to the participant. Conversely, if the argument was weakened without the element of relevance to the participant, personalization had little effect on persuasion. This study is highly relevant to the thesis because it concludes that personalized persuasive messages can be effective when optimized with strong, relevant arguments as a best practice for marketers. The primary research for this thesis draws upon the same general structure of analyses, but further narrows the audience to Louisiana physicians rather than college undergraduates.

Direct Marketing Through In-Person Sales

A medium not yet discussed in a review of literature is the word-of-mouth mechanism of directly communicating with a target via in-person sales. Studies show that personal relationships between salesperson and target involve a cognitive process including information-gathering, judgment, and recall.
The most oft-cited sociological text on the subject of marketing to physicians is the 1966 book, *Medical Innovation: A Diffusion Study* by Coleman, Katz and Manzel, which found that “socially integrated” physicians (those working in group practices, who were members of medical organizations, those who regularly attended professional meetings, had admitting privileges in multiple hospitals, and socialized with other physicians) are the most effective in transmitting information to other doctors (Landa & Elliott, 2013). Physicians are influenced by a variety of elements, including scientific research, credible journals and news sources, promotional information, and personal relationships (Singh, 2008). In a 2008 study, Ramendra Singh determined that doctors form a community based on social ties that lead to peer influence of a physician’s decision to write a prescription of a particular brand of medication. In qualitative empirical testing, Singh studied the "network connectedness" (p.259) of pharmaceutical sales representatives in terms of the personal relationships established with physician targets over time. In this study, Singh stated that pharmaceutical salespeople often “utilize knowledge gained from relationships with other physicians…when applicable to the focal relationship” (p.262). Singh’s work echoes the hypothesis that personal relationships as a direct marketing tactic can positively influence a physician’s decision to choose one drug over another.

In regard to in-person direct sales marketing techniques, Manchanda and Honka (2005) conclude that in spite of physicians' overall negative-to-neutral attitudes toward pharmaceutical salespersons, their interactions positively impact a physician's decision to prescribe the marketed drug. In fact, marketing the same drug repeatedly over the life cycle of the drug resulted in what the authors call a "reminder effect" that "builds a stock of goodwill" not based on scientific data
ATTITUDES TOWARD PERSONALIZATION IN DIRECT MARKETING

of drug characteristics, but upon subjective interpersonal social norms of relationship-building between sales representative and physician decision-maker (p.787). In their review of past studies, Manchanda and Honka analyze existing research on the pharmaceutical salesperson’s role and their effect on the industry itself. The study is limited in its scope because it synthesizes secondary research alone, and despite their observations, the study simultaneously contradicts previously cited conclusions that one-to-one salespeople may have negative relationships with physicians.

The Effect of Personalization in Persuasive Messaging

Echoing the “Golden Mean” again, a balance of strong argument along with personalized content is proven in literature to enhance the opportunity for persuasion. Appealing to the significant choice of the target audience must bear in mind the state of consciousness among the target audience. In this review of literature, researchers caution that personalized tactics may trigger a negative response among a scrutinizing public.

Equally interesting is the Wheeler, Brino and Hermann (2007) study, “Resistance to persuasion as self-regulation: Ego-depletion and its effects on attitude change processes,” which illuminates the human tendency to utilize self-control when confronted with persuasive messages. In their paid study of student participants, the authors experimented with random participant assignment of an “ego-depletion condition” with “counterattitudinal appeal” examining the effects of argument quality in the context of either depleted or non-depleted ego conditions (p.151). The attitudes recorded determined that regardless of the ego levels, strong arguments equally persuaded the participants, however, ego-depleted subjects were persuaded more by weak arguments than their non-depleted counterparts. This result indicated to the
authors that self-regulation caused the participants in non-depleted ego conditions to resist counterattitudinal/persuasive messages. The findings in the Wheeler, Brino and Hermann study are significant to this thesis because they suggest a “boomerang effect” in which the unintended result of persuasive messaging is realized based on ego depletion (p.154). This study, therefore, makes a strong argument for the power of personalization to play to the ego of the audience a marketer wishes to persuade.
Rationale

Based on preexisting research outlined in the literature review above, the ability to convince new-to-practice medical doctors to decide to behave one way or another is optimized when approached via strategic direct marketing tactics. Whether through personalized communication (Dijkstra & Ballast, 2012; Mathew et al, 2010; Pastor, 2014; Petty, Cacioppo & Goldman, 1981) or in-person sales interactions (Singh, 2008), physicians appear to, over time and with repetition, be influenced in the same way the general consumer base is motivated to behave. Be advised, however, that research used to draw such conclusions are based primarily on inferences from secondary studies and supplemental education or research should be conducted to establish a greater understanding of direct marketing characteristics that appeal to new-to-practice physician motivators. Therefore, the intent of the primary research for this thesis was to identify best practices in direct marketing as a tactic to effectively influence and/or inform new-to-practice physicians using the following research questions:

RQ1: Does the element of personalization by using the physician’s name and gender-specific imagery as a persuasive tactic in direct marketing communication to new-to-practice physicians make them pay more attention to the message?

RQ2: What direct marketing techniques influence new-to-practice physician perception?

RQ3: What direct marketing techniques influence new-to-practice physician behavior?
Scope of the Study

While existing literature points to the simultaneous presence of both strong argument and high personal relevance to increase persuasion in general, what is lacking is an understanding of the degree to which personalization within persuasive direct marketing tactics substantiates the “high personal relevance” element. More specifically, in light of the market potential of the medical doctor consumer, greater understanding of physician attitudes toward different types of personalization within persuasive marketing messages can be beneficial to organizations that target this lucrative audience. This study sought to define attitudes of new-to-practice physicians toward personalization within persuasive marketing materials because the younger audience has greater potential to become loyal to an organization that consistently appeals to their needs.

To provide an adequate assessment of new-to-practice physician attitudes, a smaller yet representative sample set was necessary. Therefore, research was voluntarily conducted among physicians within their first five years of practice in the state of Louisiana. This study required quantitative and qualitative data and insights to arrive at a comprehensive understanding of the most effective way to persuade this target audience. The most convenient and respectful way to obtain feedback from very busy physician was to present voluntary participation in an online survey that was accessible to them on their own time. The down-side to volunteer-based research without an incentive to participate, however, was that fewer subjects ultimately completed the online survey.
Methodology of the Study

Drawing on insights from Petty, Cacioppo and Goldman (1981), high personal involvement coupled with a strong persuasive argument should have produced greater inclination to be persuaded. Therefore, to reproduce this theory, each persuasive message presented to the sample audience included strong arguments. To better understand the element of personalization within each of these messages, however, the study included two elements of personalization: the use of the recipient's name, and relevant photography. The email list of new-to-practice Louisiana physicians was a combination of data collected from the Louisiana State Board of Medical Examiners, web searches for publicly posted contact information, and friends of the researcher who volunteered access to their email addresses for the purposes of academic research.

Utilizing an email distribution system called HubSpot, personalizing email content based on variable data included within the distribution list could be displayed in both the email subject line and the body content of the message. HubSpot is an inbound marketing software product with email marketing, web analytics and other features to help tailor digital messages and measure marketing effectiveness. This service was used to distribute the initial invitational email and to host the “landing page” to display the sample marketing messages. HubSpot technology makes the display of personalized text and imagery possible based on variable data included within the distribution list spreadsheet. This software also produced unique landing pages to digitally house each individual sample postcard presented to the survey participants. The sample postcard is actually a webpage displayed within HubSpot’s digital platform with a call to action hyperlinking individual users to the SurveyMonkey online survey. SurveyMonkey is a free
online survey development program, providing users with customizable surveys and data
collection tools. Customization includes the capacity to display variable data such as contact
names and tailored imagery. In this study, the tactic of personalization through the use of the
recipient’s name and like-gender imagery was tested to gauge survey respondent interest and
behavioral reaction to these personalization elements.

**Informed Consent**

As outlined in Neuman’s (2011) requirements, the informed consent statements for both
online surveying and in-depth interviewing contained a description of the objective and
procedure; guarantee of anonymity and confidentiality; and explanation of volunteerism in the
study (p.149). The recipients of the invitation email were also notified that the research was
being conducted on behalf of Gonzaga University in accordance with their Institutional Research
Board policies. Participants acknowledged consent by and proceeding, via click, to the next
phase of research (the landing page) as accepting the terms of the study.

**Researcher.** The author of this thesis is an employee of a medical malpractice, or
medical professional liability, insurance company that wishes to remain anonymous. Permission
to conduct the study was obtained by the Divisional Vice President of Support Services, after a
thorough overview of the survey and interview objectives, methodology, and logistics was
provided. The caveat to this company’s permission to research was that reference to the
company should be extremely limited to protect the company’s competitive advantage of having
access to the final (anonymous and confidential) results of the study. The company requested
that all research be void of reference to their corporate name, logos, marks, subsidiaries, and
affiliates. Corporate leadership specifically requested that generic reference to “a medical
professional liability insurance company” be utilized instead to distance the research from the company for whom the author works. A copy of the final study disclosing only anonymous data was made available to the corporate Board of Directors.

Research Participants. Research respondents will be notified that their participation in either the online survey or the in-depth interview is entirely voluntary. Participants will be made aware of data gathering procedures and given the option to decline participation in any or all of this research by either choosing not to click through to the online survey or by choosing not to respond to specific survey questions.

Data Analysis

Quantifiable data from the online survey has been totaled for each respondent. This was distilled to an overall percentage of respondents who provided answers to each scale-based question. Because some questions were open-ended, analysis was necessary to synthesize the qualitative survey data. However, due to the limited feedback submitted in the open-ended survey questions, the author chose to omit reference to any qualitative feedback: the first respondent wrote “no”, and the second respondent wrote about continuing education rather than elements of personalization; therefore there was no logical purpose in including their responses as legitimate qualitative responses to this study.

Because the purpose of this study was to determine the degree to which personalized components of a direct marketing message influences new-to-practice physician behavior,

RQ1: Does the element of personalization by using the physician’s name and gender-specific imagery as a persuasive tactic in direct marketing communication to new-to-practice physicians make them pay more attention to the message?
This question was answered by calculating the difference in the number of emails opened by recipients of the personalized email subject line in comparison to the open rates of emailed recipients of the non-personalized message to determine whether or not the presence of their name prompted an email to be opened. Further, this question was answered by calculating the number of recipients who proceed as willing participants of the online survey (clicking through to the survey itself) when receiving an email with personalized body content versus recipients who receive an email without personalized body content.

RQ2: Does personalization as a direct marketing technique influence new-to-practice physician likelihood to be persuaded?

This question was answered by assessing the open-ended responses to inquiries regarding survey recipient feelings toward the direct marketing samples as a whole. Additionally, the question was answered by calculating the responses to survey recipient persuasion levels indicated in the Likert scale of measurement.

RQ3: Does personalization as a direct marketing technique influence new-to-practice physician behavior?

This question, too, was answered by calculating the difference in the number of emails opened by recipients of the personalized email subject line in comparison to the open rates of emailed recipients of the non-personalized message to determine whether or not the presence of their name prompted an email to be opened. Similarly to RQ1, this question was answered by calculating the number of recipients who proceed as willing participants of the online survey (clicking through to the survey itself) when receiving an email with personalized body content versus recipients who received an email without personalized body content. Further, assessment
of open-ended responses to survey respondent indication of likelihood to act based on the direct marketing messages presented in the survey indicated new medical doctor behavioral intentions.
Validity and Reliability

Validity
The questions within the online survey are narrowly constructed to focus measurement of what it is intended to study, thus achieving greater validity (Neumann, 2012). The measure of this study will be accurately determined through both HubSpot and SurveyMonkey data analysis. Logged responses to the online survey Likert scale questions will measure how new-to-practice physicians feel about the persuasiveness of the direct marketing messages as well as how they feel about the elements of personalization within these messages.

Reliability
The study would be reliable if could be replicated multiple times, resulting in common physician attitudes toward personalization within direct marketing messages. While survey participant feelings toward the element of personalization as a marketing technique may vary, repeating this online survey should be able to conclude how the ELM theory can aid in determining new-to-practice physician tendencies to be persuaded when marketing messages are more relevant to the recipient.

Ethical Considerations
Disclosure that the survey was constructed and distributed by a Gonzaga University graduate student clearly identifies the originator of this research. Emphasizing that participation in this research is completely voluntary and anonymous is key to obtaining sufficient response. Disclosure of how the recipient’s email address was obtained clearly explains that their contact information was legitimately collected. Further, the promise from the researcher not to follow up with any further questions regarding this study was disclosed within the
invitational email to firstly endear the author to the physician for being respectful of his or her volunteered time, and secondly to entice greater participation knowing that the recipient’s efforts would come without any strings attached. Not all intended recipients opened their first invitational email, therefore, they did not read this message in the originally blasted email invitation. To generate greater response to the online survey while honoring the promise not to contact the recipient again, a second attempt email was only distributed to the list of physicians who never opened the original message.
Chapter Four: THE STUDY

Results of the Study Part I: The Invitation

Research began with the initial email invitation to participate in the study. Of 401 total available Louisiana physician email addresses, all messages were delivered without errors: a 100% delivery rate validated by HubSpot technology. The first attempt included a blast of emails sent to five separate groups of recipients on November 12, 2015 at 9:32 a.m. Central Standard Time. A control group (22 total recipients) received an invitation email without the element of the physician name anywhere within the initial email or subsequent landing pages. Most recipients (94.5% of the distribution list) received an email with a subject line that included the physician’s name. Of the recipients of an email with a personalized subject line, most (89.3%) received a message with additional elements of personalization. A total of 69 recipients were categorized as a "neutral" group because their landing pages featured zero elements of personalization. However, 21 email addresses (Email 1a) within the neutral set of survey respondents received a message featuring the doctor's last name in the subject line of the invitation email; and 23 neutral email addresses (Email 1b) received personalization in both the invitation subject line and the physician's name was repeated within the body of their invitational email message.

The invitation email body message primarily served as request to voluntarily participate in the study, which required persuasion to click through to proceed to take the online survey itself. To elicit greater participation in this survey, the researcher included references to the fact that this was a graduate student survey. This fact was included as a sound argument to
ATTITUDES TOWARD PERSONALIZATION IN DIRECT MARKETING

participate – reminding recipients that they fairly recently concluded their own studies – in the hopes that they might complete the research.

Table 1: Initial Overall Respondent Behavior

<table>
<thead>
<tr>
<th>Email Type</th>
<th>Emails Opened</th>
<th>Click to Landing Page</th>
<th>Click to Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email 1 (Totally Neutral)</td>
<td>40.9%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Email 1a (Subject Line Personalization)</td>
<td>38.1%</td>
<td>4.8%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Email 1b (Subject &amp; Body Personalization)</td>
<td>26.1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Email 2 (Male)</td>
<td>46%</td>
<td>7%</td>
<td>71%</td>
</tr>
<tr>
<td></td>
<td>95</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Email 3 (Female)</td>
<td>33%</td>
<td>2%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

The initial emails highlighted the fact that the sender was a Gonzaga University student (a school unrelated to the Louisiana-based market being addressed); the sender was studying attitudes toward a postcard (not scientific or medically-related); and the sender was a Communication and Leadership masters candidate (not medically-related). In the absence of these specifics in the second attempt emails, click-through rates remained low (shifting from 7% to 3% in Email 2 and from 2% to 4% in Email 3). It was initially thought that with these low-elaboration likelihoods present in the body of the first attempt at inviting recipients to participate in the study, a second attempt might prompt greater participation if these details were omitted and the content shifted attention toward the Continuing Medical Education aspect of the research instead. Therefore, a second attempt email was blasted to the email addresses that never opened the first attempt email on December 2, 2015 at 4:11 p.m. Central Standard Time. All results were assessed in totality at the close of the study on December 4, 2015 at 5:00 p.m. Central Standard Time, therefore the second attempt message was not live for as long as the first attempt.
Table 2: Second-Attempt Overall Respondent Behavior

<table>
<thead>
<tr>
<th></th>
<th>Emails Opened</th>
<th>Click to Landing Page</th>
<th>Click to Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Email 1 (Totally Neutral)</strong></td>
<td>38%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Email 1a (Subject Line Personalization)</strong></td>
<td>46.2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Email 1a (Subject &amp; Body Personalization)</strong></td>
<td>52.9%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Email 2 (Male)</strong></td>
<td>26.4%</td>
<td>2.7%</td>
<td>66.7%</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Email 3 (Female)</strong></td>
<td>26.2%</td>
<td>3.6%</td>
<td>66.7%</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Results of the Study Part II: The Landing Page

Because 5.5% of the email distribution list was part of the control group of non-personalized invitations, control respondents only saw a postcard without any personalization whatsoever. This was tested to determine the ability to persuade based on strength of argument alone, void of relevancy beyond the medical-related content of the postcard sample featured on the landing page. The purpose of the sample postcard exposed to the survey recipients was to persuade the new medical doctors to take their continuing medical education (CME) online from a fake company: “ACME CME”. These messages were structured in a problem-solution pattern of organization (Rybacki & Rybacki, 1991, p.18), first expressing the physician problem of simultaneously needing CME to fulfill their medical specialty board requirements to maintain their license to practice medicine while meeting their need to save time and money. The solutions presented in the sample postcard showcased easy-to-access, online, on-demand, nationally accredited and potentially board-approved courses that simultaneously served as a way for physicians to earn discounts on their medical malpractice insurance premiums. The
argument was strong throughout these pieces, and they appealed to the reasoning process (p.19) to present evidence of why the physician should take CME from ACME.

To further test strength of personalization as a direct marketing tactic, 335 email addresses were programmed to be redirected, upon email click-through, to a landing page featuring a combination of personalization that included addressing the physician by name again. These landing pages simultaneously displayed gender-specific imagery on the landing page prior to asking the respondents to proceed with the online survey. The gender-specific image test was made available to a total of 208 emails displaying a photo of a young male physician and 127 emails displayed an image of a young female physician. This secondary element of research served as an additional test of the value of personalization tactics to calculate how many of the subjects who were persuaded by the invitation email (clicking through to this landing page) subsequently continued on to review the online survey itself (clicking the prompt to continue on to the survey).

Results of the Study Part III: The Survey

The third portion of the research was the online survey, which was conducted via SurveyMonkey in six brief questions. Again, to entice greater participation in the study, the survey was entitled “Student Research” as a subtle reminder to the recipients that this was academic research. The survey included references to the one sample postcard the respondent had reviewed on the previous landing page, asking that he or she provide answers to subsequent questions regarding that postcard.

The survey was designed to determine whether or not the content of the direct marketing is relevant to the survey participant’s needs and desires. This was established to measure the
level of personal relevance among the participants. The survey inquired after level of interest in the content of the postcard to determine participant intent to take the online CME, thus indicating levels of persuasion. The survey asked that respondents rank various elements of the postcard in order of significance to determine whether the strength of the argument is more or less compelling than elements of personalization. Control elements of postcard design professionalism and postcard editorial value were included in this ranking to provide greater insight into new-to-practice physician attitudes toward personalization techniques. One open-ended comment field concluded the survey to provide qualitative supplemental insight into physician preferences toward personalization techniques in direct marketing.

Zero subjects from the control group, including Email 1a and 1b, participated in the online survey. Therefore, this data is omitted. Emails 2 and 3 were distributed with limited survey completion at first, therefore a second attempt for these two groups of invitations was distributed to those who did not open the original messages sent to these email addresses. Email 2 was a test of male new-to-practice physicians. Of the 10 male respondents who clicked through to take the online survey, only 9 completed the research. The second attempt at Email 2 prompted one more male survey respondent. Of the two female respondents who clicked through to take the online survey in the first Email 3, only one female completed the research. In the second attempt at Email 3, of the three female respondents who clicked through to take the online survey, three additional female physicians completed the survey.

Question one asked, “Is the message of this postcard relevant to your current CME needs and desires?” to which 45.45% (5) male respondents indicated yes; 54.55% (6) male respondents indicated no. Female physicians responded with 75% (3) yes; 25% (1) no.
Question two asked participants to rate their level of interest in proceeding to take this online CME if “ACME” were a real company on a 5-item Likert type scale (1 – not at all interested and 5 – very interested). The ratings provided insight into the participants’ likelihood to be persuaded. Because only one female participant completed the online survey, her response, “somewhat interested,” is the only data captured for the female survey question two.

### Table 3: Responses to Question 2

<table>
<thead>
<tr>
<th></th>
<th>Not at all interested</th>
<th>Not very interested</th>
<th>Neutral</th>
<th>Somewhat interested</th>
<th>Very interested</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Responses</td>
<td>27.27%</td>
<td>9.09%</td>
<td>27.27%</td>
<td>27.27%</td>
<td>9.09%</td>
<td>11</td>
<td>2.82</td>
</tr>
<tr>
<td>Female Responses</td>
<td>0%</td>
<td>0%</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td>4</td>
<td>3.75</td>
</tr>
</tbody>
</table>

Question three was posed to gain an understanding of the value of individual marketing tactics within the sample postcard presented to each respondent. Some elements were strong arguments based on logic (ease of use, discount-driven, quality content, and board credentialed), while others were neutral, focused on creative elements (overall look, well-written content). The final tactical element was that of personalized content (both in reference to the recipient’s name and the look/graphic). The goal in constructing this question featuring a variety of direct marketing tactics was to determine the weight respondents placed on strong argumentation combined with the element of personalization. Question three asked participants to rank each tactical element in order of “significance” stating that their top choice would indicate the most compelling element, and the bottom choice would be the least compelling in their opinion. Only five of the nine male participants completed this ranking question. With a singular participant for the female survey, feedback reflects the following rankings in order of significance from most to least compelling: The postcard looked like it was meant for me (8). The postcard
referenced me, specifically, by name (7). The postcard looked professional, overall (6). The content was well-written (5). This CME may be approved by my medical specialty board (4). This CME will qualify for a discount on my med-mal insurance premium (3). This CME is accredited by a national continuing medical education association (quality education) (2). This CME is available online (1).
Table 3: Male Responses to Question 3

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Total</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>This CME in available online</td>
<td>16.67%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>16.67%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>6</td>
<td>4.50</td>
</tr>
<tr>
<td>This CME will qualify for a discount</td>
<td>20.00%</td>
<td>40.00%</td>
<td>20.00%</td>
<td>20.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>5</td>
<td>6.60</td>
</tr>
<tr>
<td>on my med-mal insurance premium</td>
<td>33.33%</td>
<td>16.67%</td>
<td>0.00%</td>
<td>16.67%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>16.67%</td>
<td>0.00%</td>
<td>6</td>
<td>5.50</td>
</tr>
<tr>
<td>This CME may be approved by a</td>
<td>20.00%</td>
<td>20.00%</td>
<td>20.00%</td>
<td>20.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>5</td>
<td>5.80</td>
</tr>
<tr>
<td>national continuing medical</td>
<td>0.00%</td>
<td>0.00%</td>
<td>16.67%</td>
<td>16.67%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>16.67%</td>
<td>6</td>
</tr>
<tr>
<td>education association (quality</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>20.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>40.00%</td>
<td>2</td>
<td>2.00</td>
</tr>
<tr>
<td>education)</td>
<td>0.00%</td>
<td>16.67%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>33.33%</td>
<td>0.00%</td>
<td>18.67%</td>
<td>0.00%</td>
<td>6</td>
</tr>
<tr>
<td>The postcard referenced me,</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>16.67%</td>
<td>33.33%</td>
<td>33.33%</td>
<td>16.67%</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>specifically, by name</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>6</td>
</tr>
</tbody>
</table>
Table 4: Female Responses to Question 3

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Total</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>This CME is available online</td>
<td>66.67%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>1</td>
<td>3</td>
<td>5.67</td>
</tr>
<tr>
<td>This CME will qualify for a discount on</td>
<td>0.00%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>1</td>
<td>0.00%</td>
<td>33.33%</td>
<td>1</td>
<td>0.00%</td>
<td>0.00%</td>
<td>1</td>
</tr>
<tr>
<td>my med-mal insurance premium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This CME is accredited by a national</td>
<td>0.00%</td>
<td>25.00%</td>
<td>25.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>25.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>4</td>
</tr>
<tr>
<td>continuing medical education association</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(quality education)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This CME may be approved by my medical</td>
<td>0.00%</td>
<td>50.00%</td>
<td>25.00%</td>
<td>0.00%</td>
<td>25.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>4</td>
<td>6.00</td>
</tr>
<tr>
<td>specialty board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The postcard referenced me specifically,</td>
<td>33.33%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3</td>
<td>4.33</td>
</tr>
<tr>
<td>by name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The postcard looked like it was meant</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3</td>
<td>4.33</td>
</tr>
<tr>
<td>for me, personally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The postcard looked professional, overall</td>
<td>0.00%</td>
<td>0.00%</td>
<td>25.00%</td>
<td>1</td>
<td>25.00%</td>
<td>1</td>
<td>26.00%</td>
<td>0.00%</td>
<td>25.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>The content was well-written</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>06.67%</td>
<td>2</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Question four pointedly asked, “Are you more receptive to reading on if you receive something that addresses you personally?” Not all males answered this question, but of those who did, 33.33% (2) indicated yes; 66.67% (4) indicated no. The female respondents provided feedback with 25% (1) yes; 25% (1) no; 50% (2) neutral. Question five delved deeper into the ego element to determine which way the new-to-practice physician prefers to be addressed. Of the six males who responded, 0% (0) prefer the generalized “Doctor” reference; 16.67% (1) prefer to be addressed by their first name; and 83.33% (5) prefer to be addressed as “Dr. Your Last Name”. The female respondents echoed the majority male response with 100% (4) “Dr.
Your Last Name” as the preferred address. The final question of the online survey was open-ended, however, the responses were not applicable to qualitative research analysis.

This self-administered online survey was developed for textual research to examine message structure and content analysis to "identify themes and relevant issues ...contained in media messages" (Rubin et al, 2010, pp. 214-215). The textual analysis of the results of this survey identified relationships between the personalization variables (use of name and/or reference to medical specialty) within the persuasive text and the audience. Content analysis (p.217) of the persuasive messages examined the graphic variables within the persuasive communication to understand the relationship between the level of visual relevance and the audience. In the "Purpose of Criticism" chapter of Rybacki & Rybacki(1991), the authors define rhetorical communication as that which:

...makes a message with verbal and often visual symbols that are deliberately chosen to influence an audience whose members have the ability to change their beliefs or behaviors as a consequence of experiencing the message. (p.2)

Rhetorical criticism, therefore, was conducted to systematically examine the persuasive processes featured throughout the online survey to derive a greater understanding of new-to-practice physician motivators. Since the argument quality was strong throughout all sample direct mail, this consistent factor satisfies the first of the dual processes of the ELM communication theory. The second process was the element of individual relevance of the message, or personalization, within the direct mail (postcard) sample. Therefore, when survey participants indicated greater likelihood to take the online CME presented in the sample direct
mail piece, the ELM theory proved valid because the participant’s careful consideration of both argument merit and personalized relevance factors positively impacted their levels of persuasion.

Discussion

This study sought to answer three research questions regarding primary components of the Elaboration Likelihood Model (ELM).

RQ1: Does the element of personalization by using the physician’s name and gender-specific imagery as a persuasive tactic in direct marketing communication to new-to-practice physicians make them pay more attention to the message?

This question was answered in comparing the results of the control group landing page click-through rate to that of the male and female-personalized landing page behavioral results. While response rate was low, data showed that the element of personalization within the landing pages prompted greater click-throughs, indicating that greater attention was shown to the more personalized message. Physician perception of personalization as a marketing tactic differed by gender-specific responses. Male medical doctors reported that they were not influenced by customized tactics, while female physicians responded positively to personalization. Interestingly, this audience – regardless of gender – has specific preferences regarding the manner in which they are addressed, which indicates that they are mindful of the phrasing of their personal address. Finally, this study shows that physician attention will not be captivated for long if a strong balance of high elaboration likelihood is not present. In the first attempt, email open rates were excellent by industry standards – even though the email was sent from an unknown sender – but in the absence of highly relevant content within the body of the email message, physicians lost interest and declined proceeding to the next phase of the research.
RQ2: What direct marketing techniques influence new-to-practice physician perception?

This question was answered in the overall analysis of data collected through the three-phased approach to the research. The inclusion of strong, logical arguments had the greatest influence over new-to-practice physician perception of significance. Within the online survey, respondents clearly identified logic-based elements of the postcard to be most compelling. “Proper” personalization within marketing messages was another technique met with generally positive influence over physician perception. Proper, meaning that email recipients of the messages including an initial address to “Dr. Last Name” indicated clearly in the online survey that this was their predominantly preferred salutation. Finally, creative techniques such as strong written word and professional graphic design round out the influencers among new-to-practice physicians.

RQ3: What direct marketing techniques influence new-to-practice physician behavior?

The technique that lends itself behavioral change among new-to-practice physicians is squarely tied to a combination of strong argument and high elaboration likelihood. A strong email open rate among recipients of emails with personalized subject lines suggests that physicians who saw their name in the subject were compelled to click and open that message. The low elaboration likelihood of an email message distributed by an unknown sender, however, suggests that without strong argument coupled with high personal relevance, new-to-practice physicians were less likely to click through to continue through the research.
Limitations of the Study

There are several limitations of this study of new-to-practice physician attitudes toward personalization as a direct marketing tactic of persuasion. The primary study limitation was that of small sample size. The respondent pool shifted from Face-to-face qualitative interviews could have prompted greater participation in the research, however, the author chose to conduct a narrowly defined target that is known to be too busy to participate in these kinds of studies to begin with.

Given the time restrictions a medical doctor has during the course of any given day, it is challenging to obtain complete survey responses without added incentive for them to follow through with completely volunteered responses. The three-phased approach to self-guided research may have been a deterrent to survey completion because, again, it takes time for a physician to voluntarily read and respond to the questions.

In addition to availability, the very nature of personal email correspondence can create ill ease when approached by an unknown sender. By sending the invitation email from a foreign entity, personal relevance was at an all-time low elaboration likelihood from the very start. Although the researcher included reference to where the recipients’ personal email addresses were obtained, research subjects may have been reticent to open correspondence from an unknown source. An unknown sender very well could have been blasting SPAM, phishing, or virus-ridden files to the recipient. Had the research been fully sponsored by a trusted organization or widely respected peer – as Singh (2008) explained that physicians are influenced by credible scientific elements and personal relationships –, respondents may have been more
likely to open the email and continue through the various steps of research. Motivation to complete a self-directed survey may be enhanced when elaboration likelihood is higher from the onset of communication.

The content, moreover, may have been off-putting to the physician audience because the academic research was not medical in nature. Subsequently, the landing page may have been cumbersome to scroll through or the request to respond to elements found within a postcard may have immediately signaled to the research respondent that there was a marketing maneuver underway, perhaps swaying their original inclination to proceed with survey completion. The very nature of this research conducted by a non-medical student may have restricted participation. A final limitation is that no “reminder effect” (Manchanda & Honka 2005) could take place in a singular, isolated attempt at communication.

**Recommendations for Further Study**

The extremely limited availability of this audience is prohibitive to acquiring sufficient sample sizes to inform research. Expanding the scope of research beyond Louisiana alone may aid in analyzing new-to-practice physicians. Future studies of doctors in general may benefit from the addition of paid incentive for participation in research. Further research is necessary to conclusively determine the physician’s ability to be persuaded. While this study did examine respondents’ level of interest in proceeding to take the CME, it did not measure actual follow-through (since the subject matter was exemplary and hypothetical).

Additionally, to supplement any quantitative data, a focus group or other in-person interview with this audience will provide qualitative insights through conversation/interaction analysis in which the researcher can probe more deeply into physician preferences and
inclinations to be persuaded. Moreover, a study of psychology may augment the overall conclusions reached in this thesis by determining whether a connection exists between physician narcissism and the element of personalization within direct marketing communication.

Conclusions

The physician market as a commercial audience is elusive, as the literature review concludes. In a sea of persuasive marketing messages (Brunner, Jeen-Su, & Zallocco, 1988), it is challenging to strike the Golden Mean balance in pinpointing the precise persuasion-based communication influencers in this particular market (Singh, 2008). Though survey completion rate was low, the data collected provides a glimpse into the general propensities of the new-to-practice physician. By analyzing the behavior of physicians who opened the first invitation email, the inclusion of the doctor’s last name in the subject line address prompted a positive response overall. MailChimp, like HubSpot, is one of the most well-known and respected online email marketing services in America, serving over 9 million individuals and businesses around the world (MailChimp.com/about, 2015). According to MailChimp’s November 2, 2015 report of their customer’s industry-specific data, marketers distributing email messages to recipients in the medical, dental, and healthcare industry on average obtain a 22.83% unique open rate and a 2.62% unique click-through rate (MailChimp.com, 2015). Therefore, the results of the first phases of this thesis research provide solid insights with an average open rate of 39% (158) and 4% (17) click-through rate overall.

The results of the first phase of email marketing indicate that the element of personal address within the email subject line may not have much influence over recipient behavior. The result of the first invitation email test was that inclusion of the doctor’s last name in the subject
line drew a slightly lower response than the omission of personalized subject line content (36% opened with a neutral subject line, whereas, an average of 35.3% opened emails with recipient last names present). These results may support Aristotle’s Golden Mean of persuasion examination (Griffin, 1994, p.349). If the use of the recipient’s name within an email subject line had no bearing on the recipient’s behavior, Aristotle may have argued that emails do not require frequent use of the recipient’s name because a single reference strikes a happy balance between tailoring a message and stalking a subject. Subsequent elements of personalization within the research, however, proved more valuable: of the control group recipients who saw no personalization within the body of their email message, zero proceeded to click through to the next phase of research. Only one control group recipient of a subject line-only personalization tactic clicked through to the landing page to see the postcard, but did not proceed to take the online survey. None of the control group recipients who opened their dually-personalized (both subject line and body copy) email proceeded to click through to the postcard landing page. These results lend themselves in support of the ELM’s examination of motivators, proving that more personalized content coupled with strong argument could have influenced the physician’s behavior to click through to the next phase of research. Alternatively, the additional inclusion of personalized components of the landing page may have produced the same results that Pastor (2014) warned of: the perception of intrusion from an otherwise unknown source.

Once recipients clicked through to the landing page, smaller rates of respondents proceeded on to take the survey. The singular control group respondent who got to the landing page, however, did not opt to complete the online survey. The missing element from that landing page was further personalization. The neutral postcard no longer referenced the doctor’s
name, and relied only on strong argument to compel a final click-through to take the survey. The male-personalized landing page saw the strongest click rate to see the online survey with a 7% click rate, therefore, the further personalization of the postcard had little influence over the recipient’s behavior. The topic of study (a postcard) from the perspective of the physician may have had such low relevance, though, that they may have prompted discontinuation of the study.

In review of data collected from the online survey itself, it is not clear whether the content of the postcard presented was of substantial relevance to the target audience or not. (The results are inconclusive because the response to Question One are divided in half). Most survey respondents indicated *fair elaboration likelihood*: that they were “somewhat interested” in proceeding to take the online CME after reviewing the sample postcard. Additionally, the selection of “somewhat interested” may be the result of an ego-depletion (Wheeler, Brinol & Hermann, 2007) that prompted a more tempered reaction to the question at hand. With fair elaboration likelihood, the claim can be made that combined elements of both strong argument and high personal relevance within the sample postcard presented did positively affect new-to-practice physician’s attitudes toward persuasive messaging.

The disparity in responses to Question Three by gender is great, but could either be attributed to the fact that only one female physician concluded the online survey and other female doctors may have responded differently; or, one female respondent misunderstood the directions for ranking tactical elements featured within the sample postcard; or, since males have traditionally been the predominant sex portrayed in marketing communication, the female physicians don’t perceive gender representation to be an issue. Regardless, the overall results from this question point to strong, logic-driven argument as the primary elements of significance,
followed by the element of personalization, and finally with creative components of a postcard
designated as the least significant elements of the message. This could be evidence in support of
Thomas Nilsen’s significant choice philosophy (Griffin, 1994, p.242) in which the very inclusion
of sound arguments within the direct marketing message could be more persuasive on their own
without appealing to the ego of the recipient. In spite of the survey respondents’ previous
admission that personalized content may be more compelling than creative elements of a
postcard, a slight majority of those surveyed indicated that they are not influenced by being
addressed personally within a marketing message.

Interestingly, an overwhelming majority of survey respondents prefer to be addressed as
“Dr. Last Name;” meaning that if the message was intended for Dr. Marie Smith, the physician’s
preference is to be identified as “Dr. Smith” rather than as “Marie” or more generally as
“Doctor”. Referencing physicians by this appellation may be considered a sign of respect that
boosts their ego, thus influencing their subsequent behavior. Greater research on the matter may
provide conclusive connections between ego and personalized direct marketing techniques.

In conclusion, the low level of personal involvement in this study did serve as a
determinant of persuasion, resulting in fewer participants than expected. The meager results,
however, supported Cacioppo and Petty’s ELM communication theory by reinforcing that strong
argument coupled with high personal relevance shape new-to-practice physician attitudes,
decisions, and their ability to be persuaded. Regardless of the strength of an argument,
personalization as a persuasive marketing tactic is not effective on its own in the absence of the
“network connectedness” (Singh, 2008) of preexisting personal relationships with the recipient
of a marketing message.
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APPENDIX

Appendix A (Invitation Emails)

Email #1 (Non-Personalized)

From: noreply@hubspot.com
To: Jacqueline Bodet
Cc:  
Subject: Preview Message - Rich Text - Please Participate in a Quick Survey for Academic Research

Doctor,

It wasn’t long ago that you were in the throes of your academic career. I appeal to you today as a graduate student with an invitation to participate in a masters program survey to explore your personal attitudes toward elements featured in a sample postcard. Your participation is completely voluntary and your identity will be kept anonymous.

Your email was obtained through a combination of Louisiana State Board of Medical Examiners data, web searches and personal friends for the purposes of academic research. There will be no follow-up or additional information requested from you by this study.

The study begins with a sample postcard for you to review, then click through to respond via a SurveyMonkey online study.

[Participate in this Academic Research]

Thank you for taking part in this research.

Sincerely,

Jacqueline Bodet
Masters of Communication and Leadership Candidate
Gonzaga University
Email #2 (Male)

Dr. O'Donovan,

It wasn’t long ago that you were in the throes of your academic career. I appeal to you today as a graduate student with an invitation to participate in a masters program survey to explore your personal attitudes toward elements featured in a sample postcard. Your participation is completely voluntary and your identity will be kept anonymous.

Your email was obtained through a combination of Louisiana State Board of Medical Examiners data, web searches and personal friends for the purposes of academic research. There will be no follow-up or additional information requested from you by this study.

The study begins with a sample postcard for you to review, then click through to respond via a SurveyMonkey online study:

Participate in this Academic Research

Thank you for taking part in this research.

Sincerely,

Jacqueline Bodet
Masters of Communication and Leadership Candidate
Gonzaga University
Email #3 (Female)

Dr. Perkins,

It wasn’t long ago that you were in the throes of your academic career. I appeal to you today as a graduate student with an invitation to participate in a masters program survey to explore your personal attitudes toward elements featured in a sample postcard. Your participation is completely voluntary and your identity will be kept anonymous.

Your email was obtained through a combination of Louisiana State Board of Medical Examiners data, web searches and personal friends for the purposes of academic research. There will be no follow-up or additional information requested from you by this study.

The study begins with a sample postcard for you to review, then click through to respond via a SurveyMonkey online study:

Participate in this Academic Research

Thank you for taking part in this research.

Sincerely,

Jacqueline Bodet
Masters of Communication and Leadership Candidate
Gonzaga University
Appendix B (Landing Pages)

Landing Page #1 (Non-Personalized)

Please review the SAMPLE postcard below, then click the blue button to proceed to a brief 6-question survey about this postcard...

Looking for an easier way to earn your CME credits?

Your search is over.

ACME CME Co. makes it easy for you to fulfill your medical specialty board requirements with quality education that saves you time and money.

- Free of Additional Cost continuing medical education (CME) is available directly through your medical malpractice insurance carrier.
- On Demand, Online courses are available on our ACME CME Co. website when it's convenient for you to earn your CME credit.
- ACCME Accreditation with Commendation has been awarded to ACME CME Co. by the Accreditation Council for Continuing Medical Education, ensuring the highest quality continuing medical education for physicians in all your specialties.
- MOC-Approved courses from ACME CME Company are presented as a result of a joint initiative with the American Board of Medical Specialties (ABMS) and the Association of American Colleges (AAMC) to meet your Maintenance of Certification (MOC) Part II requirements.
- Earn Insurance Premium Discounts by taking ACME CME Co. courses online, you may be eligible to earn up to 10% off your medical malpractice insurance premium costs.

Proceed to Online Survey

1234 Placeholder Avenue
Anytown, USA 76543

This is a SAMPLE of the front of a postcard

This is a SAMPLE of the back of a postcard

Please answer questions about the postcard
Please review the SAMPLE postcard below, then click the blue button to proceed to a brief 6-question survey about this postcard...

Looking for an easier way to earn your CME credits,
Dr. Bode?

Your search is over.

ACME CME Co.
1234 Pacific Ave.
Anytown, USA 76543

- Free of Additional Cost: Continuing medical education (CME) is available directly through your medical malpractice insurance carrier.
- On Demand: Online courses are available at the ACME CME Co. website; it's convenient for you to earn your CME credit.
- Accreditation with Commendation: has been awarded to ACME CME Co. by the Accreditation Council for Continuing Medical Education, ensuring the highest quality continuing medical education for physicians in your specialty.
- MOC-Approved: courses from ACME CME Company are presented as a result of a joint initiative with the American Board of Medical Specialties (ABMS) and the Association of American Colleges (AAMC) to meet your Maintenance of Certification (MOC) Part II requirements.
- Earn Insurance Premium Discounts: by taking ACME CME Co. courses online, you may be eligible to earn up to 20% off your medical malpractice insurance premium costs.

Proceed to Online Survey

Please review quotations about this postcard.
Please review the SAMPLE postcard below, then click the blue button to proceed to a brief 6-question survey about this postcard...

Looking for an easier way to earn your CME credits, Dr. Bodet?

Your search is over.

- Free of Additional Cost: continuing medical education (CME) is available directly through your medical malpractice insurance carrier
- On-Demand: Online courses are available at our ACME CME Co. website when it is convenient for you to earn your CME credits
- ACCME Accreditation with Commendation has been awarded to ACME CME Co. by the Accreditation Council for Continuing Medical Education, ensuring the highest quality continuing medical education for physicians in your specialty
- MOC-Approved courses from ACME CME Co. are presented as a result of a joint initiative with the American Board of Medical Specialties (ABMS) and the Association of American Medical Colleges (AAMC) to meet your Maintenance of Certification (MOC) Part II requirements
- Earn Insurance Premium Discounts by taking ACME CME Co. courses online; you may be eligible to earn up to 10% off your medical malpractice insurance premium costs

Proceed to Online Survey
### Appendix C (Online Survey)

Online Survey Part I

**Student Research**

1. Is the message of this postcard relevant to your current CME needs and desires?

2. On a scale of 1 (not at all interested) to 5 (very interested), what would your level of interest be in proceeding to take this online CME if "ACME" were a real company?

<table>
<thead>
<tr>
<th>Level of Interest</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all interested</td>
<td></td>
</tr>
<tr>
<td>Not very interested</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>Somewhat interested</td>
<td></td>
</tr>
<tr>
<td>Very interested</td>
<td></td>
</tr>
</tbody>
</table>

[Prev] [Next]
Online Survey Part II

3. What aspects of the postcard were most compelling in your opinion? Please rank the following elements of the postcard in order of significance (the top choice being the most compelling, and the bottom choice being the least compelling).

- This CME is accredited by a national continuing medical education association (quality education)
- The postcard looked professional, overall
- This CME may be approved by my medical specialty board
- This CME will qualify for a discount on my medical insurance premium
- The context was well-written
- This CME is available online
- The postcard looked like it was meant for me, personally
- The postcard referenced me, specifically, by name

4. Are you more receptive to reading on if you receive something that addresses you personally?
- Yes
- No
- Neutral

5. Considering the element of personal address in a postcard communication like the example from ACME shown here, do you prefer to be addressed as:
- Doctor
- Your First Name
- Dr. Your Last Name

6. Do you have any other feelings about the inclusion of personalized elements within a direct mail message like the ACME example that you wish to share?

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SurveyMonkey
See how easy it is to create a survey