

THE EFFECT OF PROMOTIONAL COMMUNICATION STRATEGIES ON INTENTION TO PURCHASE HEALTH INSURANCE

O Efeito das Estratégias de Comunicação Promocional na Intenção de Compra de Seguro Saúde

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Abstract

Goal: This study aims to investigate the best promotional communication strategy for health insurance products, to prove or refute the hypothesis that messages should explore risk and loss aversion.

Method: This research was of the causal conclusive type, in which the cause-and-effect

Resumo

Objetivo: Este estudo tem por objetivo explicar a influência do foco regulatório na efetividade comunicação promocional com enquadramento de perda ou ganho, para produtos de seguro saúde.

Método: Esta pesquisa foi do tipo conclusiva causal, na qual o delineamento experimental

relationships were obtained through the presentation of two promotional communications with different structures and determination of the purchase intention based on each one of them.

Results: It was possible to observe that individuals with a regulatory promotional focus do not engage with the idea of insurance, a product that has a protective character and does not encompass the characteristics of achievement and progress preferred by that group. This low adherence does not depend on the type of communication used – with positive or negative emotional appeal. However, it is useful to pay attention to the considerably better performance of communications with negative emotional appeal when reaching the audience with preventive regulatory focus.

Originality: This study innovates by extending the understanding of the influence of the regulatory focus on the effectiveness of the use of the promotional communication strategy in health insurance.

Keywords: Promotional communication; Health insurance; Regulatory focus.

foi conduzido por meio da apresentação de duas comunicações promocionais com estruturas distintas e determinação da intenção de compra a partir de cada uma delas.

Resultados: Foi possível observar que indivíduos de foco regulatório promocional se engajam pouco à ideia do seguro, um produto que possui caráter de resguardo e não engloba as características de realização e progresso preferíveis por aquele grupo. Esta baixa aderência independe do tipo de comunicação utilizada – com apelo emocional positivo ou negativo. Todavia é proveitoso atentar para o desempenho consideravelmente melhor das comunicações com apelo emocional negativo ao atingir o público de foco regulatório preventivo.

Originalidade: Este estudo inova ao estender a compreensão sobre a influência do foco regulatório na efetividade do uso da estratégia de comunicação promocional em seguro saúde.

Palavras-chave: Comunicação promocional; Seguros saúde; Foco regulatório.

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INTRODUCTION

Unlike a health plan, health insurance has the concept of a deductible, that is, there is a minimum amount that the claim must reach for the insurer to be triggered. According to the National Federation of Private Insurance and Capitalization Companies - FENASEG (2003), health insurance is the instrument that aims to guarantee protection to people exposed to risk, that is, to certain uncertain events. Health insurance is a product that must be used in the so-called “big event”. It is a specific insurance, which aims to cover the risks of medical and hospital care, with reimbursement of expenses (Scaff, 2017) and which can only be offered by a specialized insurance company (Treglia, 2021). Ultimately, we can say that health insurance serves to preserve the patrimony of individuals. If diagnosed with a serious illness or an accident, the insured will be entitled to the necessary treatment with coverage limits that are usually very high, preserving their own resources.

In the first quarter of 2019, the Brazilian supplementary health market (which comprises the operation of private health plans and insurance) handled 47.1 million beneficiaries and 1,209 operators, operating through 35,100 health plans. In this period, this market had a revenue of R\$ 50.8 billion (National Supplementary Health Agency – ANS, 2019). In 2018, only specialized health insurers had 7.39 million beneficiaries (National Confederation of General Insurance, Private Pension and Life, Supplementary Health and Capitalization Companies – CNSEG, 2019)

In the health area, it is possible to verify a certain pattern in the publicized advertisements: people and families satisfied with the safety and tranquility that such products provide. But is this the most efficient approach to attract attention on the subject? Previous studies have been based on *Prospect Theory*, which indicates that consumers make decisions based on the potential value of losses and gains, and that this perception of value varies according to the way the problem is structured.

(Kahneman, 2012), to assess the best way to convey the message about health services. However, although gain-framed messages seem to be more effective (Gallagher & Updegraff, 2012; Cesario, Corker & Jelinek, 2013; Lin & Yeh, 2017), in some scenarios the loss frame prevailed (Riet et al., 2008; Park, Kim & Kim, 2020; Rothman, Desmarais & Lenne, 2020).

Complementarily, Lee and Aaker (2004) analyze the influence of the regulatory focus (Higgins, 1998) on the framing of persuasive messages used in healthcare advertisements. They argued that if individuals feel vulnerable to certain negative outcomes, for example with a health problem, they are likely to focus on the negative aspects of that situation. As a result, they concluded that the gain frame is more persuasive when the perceived risk is low and the appeal is focused on promotion, as well as the loss frame is more persuasive when the perceived risk is high, and the appeal is focused on prevention.

Therefore, based on the assumption that health insurance is a product purchased to avoid the loss of assets and that people have loss aversion (Kahneman, 2012), as well as that individuals with a preventive regulatory focus are more sensitive to the framing of loss is when the perceived risk is high (Lee & Aaker, 2004), we can assume that the best health insurance promotional communication strategy is through the exploration of risk and loss aversion, to the detriment of positive messages that characterize the insurance as a wellness product.

In this context, the objective of this study is to explain the influence of the regulatory focus on the effectiveness of promotional communication with a win-or-loss framework for health insurance products. The findings of this study can help the marketing strategies and commercial approaches of the sector, resulting in greater effectiveness in communication for the offer of health insurance products. Although restricted to the health insurance market, these findings may be expanded in the future to other similar areas, such as life and travel insurance.

This article is structured, in addition to the introduction, as follows: theoretical framework, where the main theoretical and empirical bases on the subject studied will be treated; method, detailing the type of research and analysis adopted; results and discussions. Finally, final considerations will be presented.

THEORETICAL FRAMEWORK

In this section, the theoretical bases for the development of this study are discussed, highlighting the main authors and works on the subject. For organizational purposes, the section is subdivided into: promotional communication; health insurance market; theories of loss and risk aversion and, promotional and preventive regulatory focus.

Theories of loss aversion and risk

A consumer's decision-making, as well as his reaction when he is exposed to a particular piece of advertising, are related to the way the human mind processes information. The *Prospect Theory* came to characterize behavioral trends and is based on three basic principles (Kahneman, 2012): i) *status quo*, the reference point of individuals. According to this principle, we consider gains or losses according to the situation. If an entire group receives the same cash bonus, that is not considered won; on the other hand, if one of the individuals receives less than the rest, that is considered a loss; ii) decreasing sensitivity, which justifies the fact that people consider the difference between R\$ 900.00 and R\$ 1,000.00 much smaller than the difference between R\$ 100.00 and R\$ 200.00; iii) thanks to evolutionary history, organisms treat threats as more urgent than opportunities.

Regarding the impacts that information has on people, studies in the field of Psychology have already indicated that negative information has greater weight in the formation of judgments (Fiske, 1980; Lopes *et al.*, 2020). Taking as real the possibility of an individual developing a serious health problem, it is in the interest of companies that sell health insurance to raise the potential customer's concern about this fact.

"Worry" is the rational reaction of human beings in front of a possible problem: what will determine the degree of concern that the problem requires, as well as how much attention should be paid, is the individual's perception (Batista, 2007). Thus, it is up to the Marketing department of

companies interested in marketing health insurance the mission of drawing the attention of the receiver of their messages to this issue.

The way in which the message is conveyed is important to arouse the reader's concern. Studies have analyzed the effectiveness of types of communication, classified as "*gain-framed*" and "*loss-framed*". The first type of message points to good things that can happen when adopting a certain behavior; similarly, the "*loss-framed*" message portrays negative aspects of not taking an action (Meyerowitz & Chaiken, 1987; Rothman et al., 1999; Rothman et al., 2020; Lee & Su, 2020).

Meyerowitz and Chaiken (1987) sought to identify the most effective type of message to promote self-examination for breast cancer prevention. "*Gain-framed*" and "*loss-framed*" pamphlets were distributed, and it was observed that those women who were exposed to the second type of message were more likely to perform the self-examination. Similar results were found for campaigns promoting mammography, amniocentesis, HIV testing and skin cancer screening. Based on these studies, it was concluded that when people perceived health-related behaviors as dangerous, "*loss-framed*" appeals would be more powerful (Rothman et al., 1999).

Promotional and preventive regulatory focus

Complementing the theory of "*loss-framed*" and "*gain-framed*" communications by Alexander Rothman and partners, and talking to *Prospect Theory* by Daniel Kahneman, we can bring up another decisional factor: the regulatory focus of the individuals who make the decisions. Rothman's contributions challenge the way the problem is presented. Kahneman's findings address the possibility that the individual's present situation may induce his choice. The theory of regulatory focus, in turn, points out how personal orientation influences the way a product is evaluated, or a decision is made.

The regulatory focus theory proposes that individuals can assume two types of orientations: predominantly promotion-oriented or predominantly prevention-oriented. As an example, Avnet and Higgins (2006) invite us to think of a group of students trying to achieve a maximum grade: for those with a promotional regulatory focus, achieving A would be experienced as a hope or ideal, something that accomplishes them; for students with a preventive regulatory focus, achieving A would be experienced as a responsibility or a duty, something that satisfies their safety needs. Promotional and preventive decision makers attach different importance to the same outcome of an alternative depending on the relevance to their regulatory orientation (Avnet & Higgins, 2006).

In this way, everyone assumes a strategic means of searching for himself - anxiety for promotional ones and vigilance for preventive ones. An individual in a promotion focus is concerned with accomplishments and portrays goals as aspirations or hopes. An individual in a prevention focus is concerned with safety and reliability and portrays goals as obligation. Assuming that both security and fulfillment are necessities for survival, all individuals assume both focuses in certain measures (Cesario, Higgins, & Scholer, 2008).

Previous studies have demonstrated the different responses of individuals to the two types of guidelines. The message is most effective when congruent with the individual's regulatory focus (Idson, Liberman & Higgins, 2004). Individuals positively evaluate a message – and are more persuaded by it – when it matches the conditions typical of their regulatory focus (Avnet & Higgins, 2006).

These findings corroborate that the central idea of regulatory adjustment is that an individual's orientation leads to a preference for certain types of goal-seeking means, in particular those that support their orientation (Cesario, Higgins, & Scholer, 2008). When this individual uses his preferred means, he feels good about what he is doing and experiences greater strength of engagement in the activity.

There are demonstrations that the theory of regulatory adjustment can be used to increase the effectiveness of a persuasive appeal, from anxious arguments for promotion recipients and vigilant arguments for prevention recipients. Cesario, Grant and Higgins (2004) provide an interesting example. The authors created a persuasive message about an after-school program for high school students. In the anxiety condition, the argument was "there will be a greater number of students who

succeed in their post-academic life choices" while, in the surveillance condition, the message was something like "there will be a smaller number of students who fail in their post-academic life choices.

Promotional communication

Communication can be used to drive a consumer to try a product, form a positive concept about the company, or compare it to others. Such a practice can be called "persuasive communication" or "marketing communication" (Giacomini, 1991). After the product is developed and its price determined, a communication program is created capable of stimulating the attitudes of potential buyers, current users, and influencers (Pinho, 2008).

The expression "promotional communication" usually refers to printed or digital material that contains the persuasive dialogue, considering its editing and finishing (Herbelê & Soares, 2013). In this article, we will use the term "promotional communication" to refer to the approach aimed at consumers/potential consumers of health insurance, in order to arouse interest and produce purchase intention of the service in question.

The health insurance market

Insurance exists to protect people exposed to different types of risks. It is based on mutualism, so it is possible to estimate that people from the same group tend to produce a certain event when exposed to the same risks (FENASEG, 2003). For example, when an individual owns a car, there is an imminent risk of being involved in an accident, and the owner may not have the financial means to deal with the breakdowns or even acquire another vehicle if the repair is not feasible.

The collection with supplementary health in Brazil in 2018 corresponded to R\$ 199.4 billion (CNSEG, 2019). It is noted that the amount handled has been showing continuous growth (Figure 1) and has the largest volume among the types of insurance.

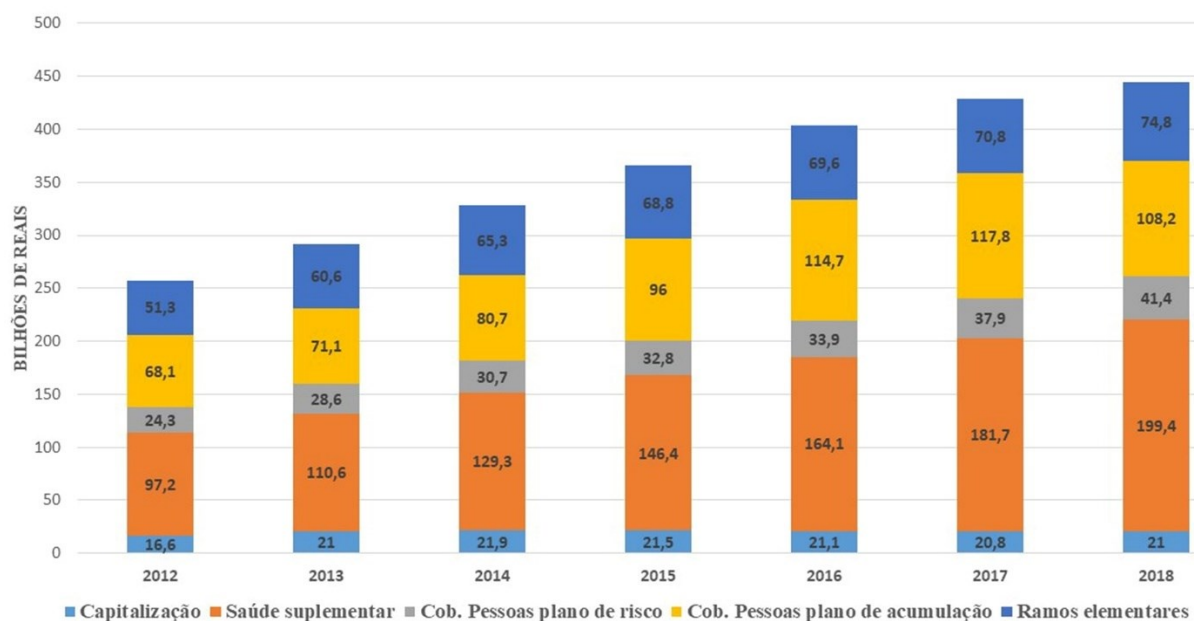


Figure 1. Insurance collection in Brazil according to segments - annual history.

Source: CNSEG (2019).

Health insurance aims to protect individuals against illness and injury, by means of a stipulated contract. It is the instrument that establishes to the insured and their dependents the reimbursement or payment on their behalf for "expenses of a medical and hospital nature that result from the occurrence of covered events (claims)" (FENASEG, 2003, p.7).

Unlike health plans, in health insurance there is the concept of deductible: it is a value up to which the insurer is not responsible. This means that, up to a certain amount to be spent on health, the customer will not activate the insurance company for payment. The probability of occurrence of claims is normally mitigated by carrying out pre-employment exams and the use of qualifying age groups, which aim to establish a better predictive scenario (Scaff, 2017).

This type of insurance is aimed at the so-called “major event”: more serious illnesses and injuries, which are not expected and were not considered in the client's financial planning. Although it was created in Brazil in 1966, it only became effective in the 1980s (FENASEG, 2003).

Anxious framing resulted in more favorable attitudes on the part of recipients with a chronic focus on promotion, while vigilant framing resulted in more positive attitudes on the part of those with a focus on prevention, although the core information was the same in both messages (Cesario, Grant, & Higgins, 2004). Based on this context, it is proposed:

H1: The promotional communication strategy - which explores risk and loss aversion - results in higher purchase intentions from health insurance consumers predominantly oriented towards prevention.

H2: The promotional communication strategy - which explores well-being and tranquility - results in higher purchase intentions from health insurance consumers predominantly oriented towards promotion.

METHOD

In this section, the procedures adopted to determine the best promotional communication strategy for health insurance products will be described: exploring risk or loss aversion. For organizational purposes, the section was subdivided into: research typification; structure of the questionnaires; and data analysis technique.

Type of search

The study of the effect of promotional communication strategies on health insurance purchase intention was of a conclusive causal type. Conclusive research is one that aims to test hypotheses from structured processes, requiring large and representative samples. The findings obtained can be used as information for decision making (Malhotra, 2011). Structured forms were distributed to indicate desirable forms of communication for a particular product.

The causal research model is one whose main objective is to determine cause and effect relationships through experiments (Malhotra, 2011). A single-factor design (Lopes & Veiga, 2019), between-subjects experiment was conducted (Hernandez, Basso, & Brandão, 2014). Promotional communication was handled in two distinct scenarios. The following variables were measured: regulatory focus, intention to take out the insurance, insurance recommendation, impression on the advertisement and persuasion of the advertisement.

Structure of the questionnaires

The collection instruments were formulated on a Likert scale (with endpoints anchored between 1 – totally disagree and 5 – totally agree) and distributed to 150 respondents. The regulatory focus was estimated by 10 items, adapted from the Higgins scale (1998).

To estimate the best promotional communication strategy, four items were used (Table 1), adapted from the Higgins scale (1998).

Table 1

Questions asked, and respective criteria reflected

Question	Criterion
If you could, would you take out this health insurance?	Intention to take out insurance
Would you recommend this health insurance to your friends?	insurance recommendation
What is your impression of the analyzed advertisement?	Printing on the advertisement
Did this advertisement convince you?	Conviction about advertising

Source: Prepared by the authors based on Higgins (1998).

Promotional communication was manipulated, with the creation of two distinct frameworks. In communication with positive emotional appeal, respondents saw the image of a smiling family and the message “Health insurance: an investment in your tranquility and in the well-being of those you love most” (Figure 2). During the discussion of the results, the reference to advertising with positive emotional appeal will be given by “AEP”.

In communication with negative emotional appeal, respondents saw an image of a hospitalized patient and the message: “Health insurance: tomorrow, you may regret not having hired today” (Figure 3). Both types of questionnaires had the same questions. During the discussion of the results, the reference to advertising with negative emotional appeal will be given by “AEN”. The questionnaire also contained demographic questions.



Figure 2. Image of positive emotional appeal (AEP)

Source: Prepared by the authors.



Figure 3. Image of negative emotional appeal (NEA)

Source: Prepared by the authors.

A qualitative pre-test was conducted to verify the effect of manipulation. Each image was presented to two evaluators. The evaluators then answered the question: Does this image convey a positive or negative emotional appeal? The four evaluators responded congruently as expected.

Analysis and data collection techniques

The responses were collected in an *online environment* and spreadsheets in Microsoft Excel *software*. Subsequently, the results obtained were exported to the IBM SPSS *Statistics software* for carrying out the MANOVA test – multivariate analysis of variance.

The invitation for volunteers to respond to the survey was made through an explanatory text about the purpose of the work - the study of promotional strategies in the health insurance market - followed by a *link to an online form* on the *Survey Monkey* platform, a tool aimed at creation of questionnaires and analysis of the respective answers. Upon reaching the desired number of completed forms, the *link* was disabled.

RESULTS AND DISCUSSION

Questionnaires were distributed in an *online environment* to a total of 150 people. Promotional communication was manipulated in two distinct scenarios: positive emotional appeal (AEP) or negative emotional appeal (AEN). Exposure to the scenarios was conducted randomly. The distribution of respondents among the scenarios was balanced, with each scenario being evaluated by 75 respondents. In the following subsections, the profiles of the two groups will be portrayed. Then, the answers obtained will be analyzed according to the type of communication used, the regulatory focus of the respondent and, finally, with the interaction of both questions.

Characteristics of groups

The two groups, both the one that received the positive appeal promotional communication (AEP) and the one that received the negative appeal promotional communication (AEN) had relatively similar characteristics.

Group 1, exposed to AEP promotional communication, is predominantly female (65.3%, $n = 49$), has a mean age of 23 years ($\sigma=5$) and has incomplete higher education (62.7%, $n=47$). As for the presence of legal dependents, only 14.7% ($n = 11$) of the sample declared having some type of

dependent, and less than half (40%, $n = 30$) had or had already had a health insurance policy. With regard to the group's family income, most (24%, $n = 18$) is in the range of those earning between R\$4,428.00 and R\$8,695.00. Sixteen percent of the sample ($n = 12$) preferred not to report their family income.

Group 2, exposed to AEN communication, is also predominantly formed by women (54.7%, $n = 41$), has a mean age of 25 years ($\sigma = 6$) and has incomplete higher education (53.3%, $n = 40$). As in the first group, only a small part (17.3%, $n = 13$) declared to be in charge of legal dependents and 32% ($n = 24$) of the people claimed to have or had already had a health insurance policy. Regarding family income, the salary range with the most people (25.3%, $n = 19$) ranged from R\$1,447.00 to R\$2,209.00 and 10.7% ($n = 8$) of the sample preferred not to declare their income.

Assessments according to the type of communication used

When performing the statistical treatment of the data, it was observed that there was no significant difference in the intention to contract health insurance in relation to the type of communication used ($M_{AEP} = 2.92$ and $M_{AEN} = 3.24$; $t_{(149)} = 1.82$; $sig = .07$).

The same was verified for the other criteria: insurance recommendation ($M_{AEP} = 2.75$ and $M_{AEN} = 2.93$; $t_{(149)} = 1.06$; $sig = .29$); impression about the advertisement ($M_{AEP} = 3.05$ and $M_{AEN} = 3.09$; $t_{(149)} = 0.20$; $sig = .84$); and persuasion about advertising ($M_{AEP} = 2.40$ and $M_{AEN} = 2.63$; $t_{(149)} = 1.11$; $sig = .27$).

Our findings differ from previous studies on the persuasive effect of using message framing in health communication. In general, studies indicate that positive emotional framing tends to be more effective (Gallagher & Updegraff, 2012; Cesario, Corker & Jelinek, 2013), but in some scenarios loss framing tends to prevail (Park, Kim, & Kim, 2020; Rothman, Desmarais & Lenne, 2020). We consider that this divergence was due to the specificity of health insurance. It is possible that, because it is an insurance in which the insurer is only responsible for more serious illnesses and injuries, which are not expected and were not considered in the insured's financial planning, the consumer is less susceptible to the type of communication.

Assessments according to the regulatory focus of the respondent

Based on the part of the questionnaire responsible for identifying the regulatory predisposition of the respondents, it was found that, of the total of 150 people involved, 46 respondents (30.67%) had a promotional regulatory focus, while 104 respondents (69.33%) fit the preventive profile.

Contrary to the analysis of the type of communication, there was a significant difference in the intention to take out health insurance in relation to the individual's regulatory focus ($M_{promotional} = 2.70$ and $M_{preventive} = 3.25$; $t_{(149)} = -2.96$; $sig = .004$). Purchase intent was significantly higher when it came to an individual with preventive regulatory guidance.

Similar findings were obtained for the other criteria: individuals with a preventive regulatory focus were also more likely to recommend the insurance to friends ($M_{promotional} = 2.43$ and $M_{preventive} = 3.02$; $t_{(149)} = -3.16$; $sig = .002$), had a better impression on communication ($M_{promotional} = 2.74$ and $M_{preventive} = 3.22$; $t_{(149)} = -2.26$; $sig = .025$), and were more convinced about the importance of advertising ($M_{promotional} = 2.20$ and $M_{preventive} = 2.65$; $t_{(149)} = -2.09$; $sig = .038$).

Assessments considering the interaction between type of communication and regulatory focus

For all the following observations, the difference greater than .2 between the marginal means is considered significant, due to the size of the sample. The analysis of the interaction between the type of communication (AEP and AEN) and the regulatory focus of the respondents indicated that, despite the type of communication presented, promotional individuals declare little desire to buy ($M = 2.7$). When we look at the preventive profiles, there is greater interest, especially when the communication presented has a negative emotional appeal ($M_{AEP} = 3.1$ and $M_{AEN} = 3.4$). This situation is depicted in Figure 4.

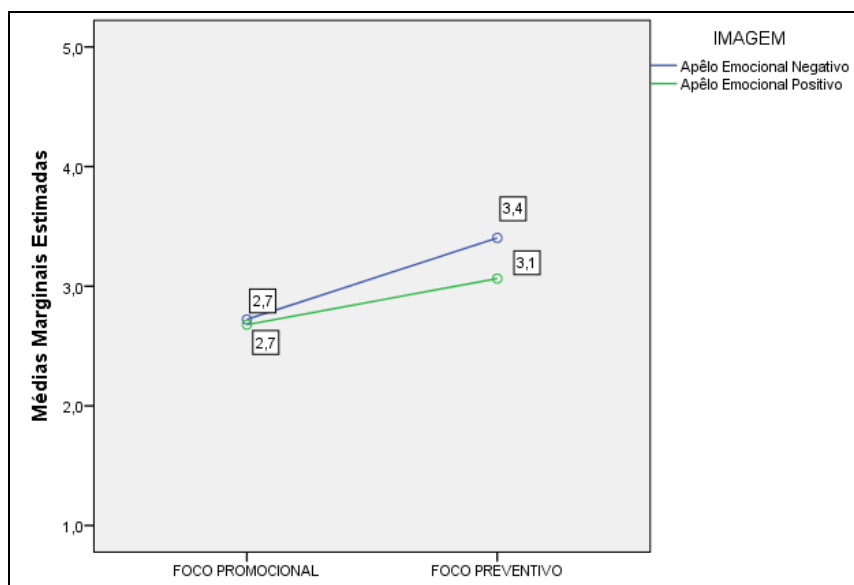


Figure 4: Estimated marginal averages for the intention to take out insurance
Source: Prepared by the authors.

In terms of insurance recommendation, promotional individuals tended to have a positive communication appeal ($M_{AEP} = 2.6$ and $M_{AEN} = 2.2$; $p < .10$), while preventive individuals are more likely to recommend the insurance presented by the negative appeal ad ($M_{AEP} = 2.9$ and $M_{AEN} = 3.2$). This relationship is expressed in Figure 5.

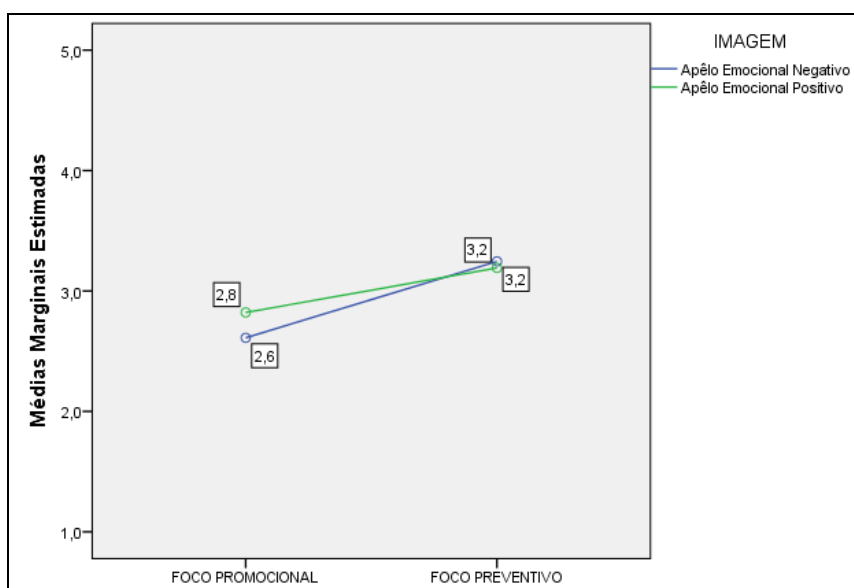


Figure 5. Estimated marginal averages for insurance recommendation
Source: Prepared by the authors.

Regarding the printing of the advertisement, it was found that, for both regulatory focuses, there is no significant difference for the types of communication AEP and AEN, and this interaction is shown in Figure 6. Promotional individuals presented $M = 2.8$ for AEP and $M = 2.6$ ($p = \text{not sig.}$) for AEN. The preventive group made the same assessment on the impression for AEP and AEN ($M = 3.2$) (Figure 6):

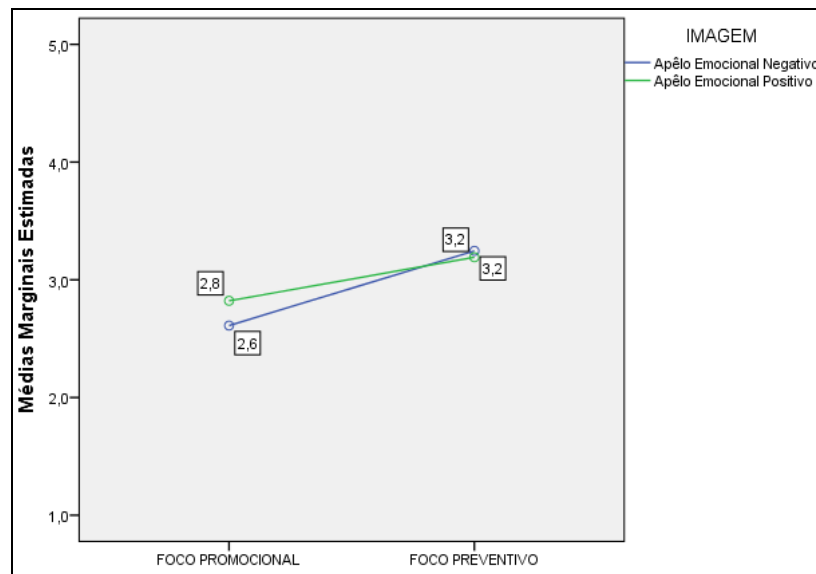


Figure 6: Estimated marginal averages for impression over advertising
Source: Prepared by the authors.

The analysis of the interaction between the type of communication and the regulatory focus of the respondents indicated that, for individuals with a promotional focus, any type of communication provokes the same conviction ($M = 2.2$). However, individuals with preventive orientation are more convinced by advertising with AEN ($M = 2.8$) than by advertising with AEP ($M = 2.5$; $p < .05$), as shown in Figure 7.

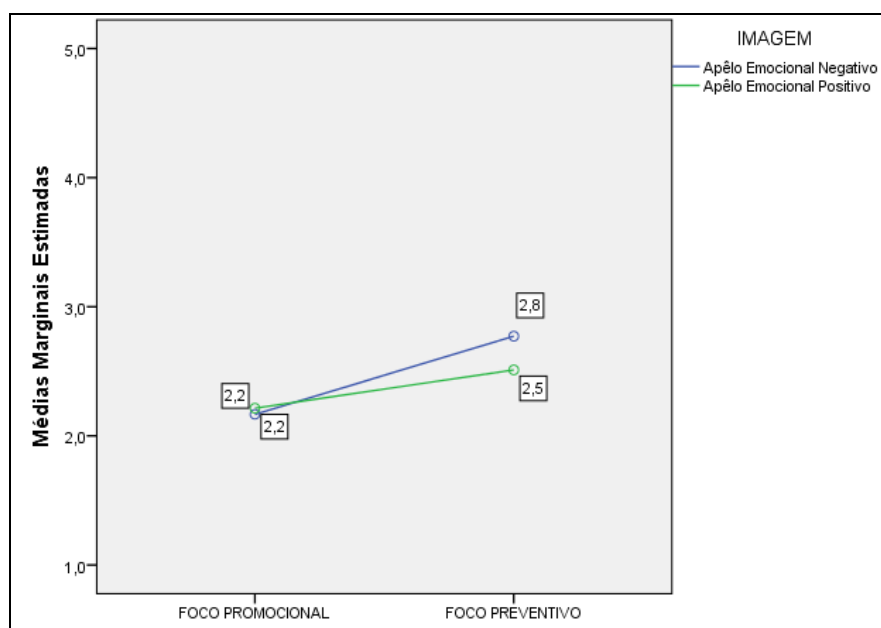


Figure 7: Estimated marginal averages for convincing advertising
Source: Prepared by the authors.

Based on the data described, it was possible to conclude that individuals with a promotional regulatory focus have little adherence to the idea of health insurance, a product that has a protective nature and does not encompass the characteristics of achievement and progress preferred by that group, regardless of the image or message used to capture your attention. In this sense, H2 was rejected. These results reinforce the perception that consumers are little sensitive to persuasive communication given the specificity of health insurance in relation to the intention to take out

insurance. However, it is useful to note that individuals with a promotional regulatory focus declared a greater intention to recommend health insurance when the communication was positive emotional.

Turning exclusively to preventive individuals, it is possible to notice superiority in the effectiveness of AEN communication, with negative emotional appeal, thus corroborating H1. This result corroborates the findings of Lee and Aaker (2004), who indicate that the loss framing is more persuasive when the perceived risk is high.

It follows from this analysis that, since the communication of AEN did not interfere unfavorably in the purchase intention of promotional individuals, while it would be able to leverage the interest of possible prevention-oriented customers, it appears that emotional appeal communications today constitute an unexplored potential by the Marketing of insurance companies, brokers, and advertising agents. That is, managers and marketing professionals should prioritize the use of communication with a negative emotional frame in health insurance communication.

It is important to emphasize that each phase of communication with the client must be carefully planned so that it does not cause any discomfort to the recipient of the message. Although the effectiveness of communication with a negative emotional appeal during the pre-sale of health insurance products has been verified, the impacts of this type of format in the after-sales period are not known, when the insured usually receives materials such as brochures and benefit tables, as well as access to *online* portals. It is recommended that approaches are always carried out with common sense and moderation.

FINAL CONSIDERATIONS

The objective of this study was to explain the influence of the regulatory focus on the effectiveness of promotional communication with a win-or-loss framework for health insurance products. Although the findings of this study are of admissible applicability to those involved in the health insurance field, it is necessary to emphasize the limits of the work. At first, it is worth remembering that the sample used was non-probabilistic but recruited for convenience. Therefore, it is not possible to say that the conclusions obtained here extend to the entire population, or even to a specific target audience.

Finally, the cut used included only health insurance, not covering other products that are conventionally marketed by the same companies, such as financial investments, life insurance, travel insurance, car insurance and pension plans. It is recommended to explore such markets in future studies.

Research ethic statement

This article is unpublished and has not been submitted to another journal.

Author contribution statement

Alessandra Ramon de Sousa: Conceptualization, Investigation, Methodology, Writing - original draft.

Marcelo Carvalho: Conceptualization, Methodology, Formal Analysis, Writing - review & editing

Evandro Luiz Lopes: Conceptualization, Methodology, Formal Analysis, Writing - review & editing

Declaration of conflicting interests

The authors declare that there are no conflicts of interest

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