

Making New Year's resolutions work

January 2 2013



It's coming up to that time of year again when people start making their New Year's resolutions, with promises to stop smoking or lose weight, and roping in their families to help. Many people rely on incentives to make their resolutions work but according to a United Kingdom study led by King's College London's Institute of Psychiatry, rewarding people for changing their health-related behaviour is fine, as long as it works.

The researchers, based at the Centre for the Study of Incentives in Health (CSI Health) at King's Institute of Psychiatry, surveyed over 600 people regarding their views on using incentives to encourage people to [stop smoking](#) or lose weight. What they found was that people were willing to trade off their dislike of incentive treatments against the effectiveness of the programme - in other words, people are prepared to

'pay them if it works'.

However, not all incentives were regarded equally and people's [willingness](#) to accept the use of incentives varied according to the type of incentive offered. Offering [vouchers](#) that could be spent on healthy groceries was more acceptable than offering cash or luxury items. And overall, the use of incentives was more acceptable for encouraging people to lose weight than to stop smoking. This could be a reflection of people's moral views on the two behaviours, suggest the researchers.

Dr Marianne Promberger from King's College London and lead author of the study, states: 'Most participants in our study were willing to accept incentives provided they were effective. A substantial minority of people however did not accept incentives even when they were described as being four times as effective as standard treatment. Vocal opposition to incentives may come from a minority of people and we are currently further investigating what underlies their judgment.'

According to the study, 'The acceptability of [financial incentives](#) increased with effectiveness. Even a small increase in effectiveness from 10% to 11% increased the proportion favouring incentives from 46% to 55%. Grocery vouchers were more acceptable than cash or vouchers for [luxury items](#) (about a 20% difference), and incentives were more acceptable for weight loss than for smoking cessation (60% vs. 40%).'

Professor Theresa Marteau, co-author of the study and Director of CSI Health at King's College London, says: 'This study focused on whether incentives for health [behaviours](#) are acceptable to the general public. The effectiveness levels we used were hypothetical, and better evidence on the effectiveness of such interventions needs to be established, especially long-term.'

The public's dislike of incentive schemes may reflect their concerns

about fairness and equity. The results of this study clearly show that people are willing to put such concerns to one side in order to maximise health benefits and find the most cost-effective solution for everybody. The researchers suggest that incentive-based treatments that are found to be effective need to be clearly communicated to the public in order to improve the [acceptability](#) of their use.

More information: www.sciencedirect.com/science/article/pii/S0277953612000000

Provided by CORDIS

Citation: Making New Year's resolutions work (2013, January 2) retrieved 20 March 2024 from <https://phys.org/news/2013-01-year-resolutions.html>

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