Chapter 21
What Will Entail Adoption of a Mobile Coaching Service?
The Case of Smoking Cessation Services

Silvia Cacho-Elizondo
IPADE Business School, Mexico

Niousha Shahidi
EDC Paris Business School, France

Vesselina Tossan
EDC Paris Business School, France

ABSTRACT

There is a growing tendency to use smartphones or other mobile devices for healthcare purposes, which offers a huge opportunity to improve public health worldwide and at the same time generates cost efficiencies and higher performance. In that vein, mobile devices make it easier to provide enhanced coaching and follow-up services through text or video messages and also through two-way interaction via social networks (e.g., Facebook) or virtual reality devices (e.g., Oculus). This delivery mode supports individuals or patients trying to break addictions, such as smoking or drinking. The authors propose and validate an explanatory model for the intention to adopt a mobile coaching service and applied it in the context of helping people in their smoking cessation efforts. This chapter uses the concepts of vicarious innovativeness, social influence, perceived monetary value, perceived enjoyment, and perceived irritation as key variables explaining the adoption patterns of this type of mobile coaching service.

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INTRODUCTION

Addictions to tobacco, alcohol, drugs, over-eating, caffeine and pathological gambling are a serious problem for society. Breaking the habit takes enormous willpower, and in many cases the help of therapists or support groups. The rising popularity of smartphones, has led to a dramatic increase in mobile services through apps. The current tendency to use cell phones or other mobile devices for health offers a very interesting opportunity to improve public health worldwide (Stanford Social Innovation Review, 2011).

A study reported that a great number of smokers in Anglo-Saxon countries had downloaded and used health apps (Borelli et al, 2015). But research also suggests that a big proportion of users stop using health apps soon after they have been downloaded (Krebs & Duncan, 2015). App developers should include more engagement features (Ubhi et al., 2016) such as the use of gamification (Lister, et al. 2014) defined as the use of game design elements in non-game contexts (Detering et al., 2011).

One such service could provide support for giving up smoking. According to the report of PwC (2013), by 2017, mHealth has the potential to save 2.6 billion EUR by helping people quit smoking. This type of service is relatively new in France, hence the relevance of studying the profile of potential adopters.

In France, almost 78,000 deaths each year are directly attributable to smoking (about 6 million in the World, one death every 6 seconds). Tobacco consumption is the most significant cause of premature death in the EU. Around 50% of smokers die on average 14 years earlier (European Union, Public health 2017). From the overall European population, 28% are smokers and 29% of young Europeans aged 15-24 smoke. Across the whole French population 16 million smoke. A third aged 15-85 smoke at least once in a while (36% men, 28% women). The proportion of daily smokers rose from 26.9% to 28.7% between 2005 and 2010 and has been stable since.

Also, cigarette sales saw a slight upturn between 2008 and 2009 (from 53.6 billion to 55 billion packets) after dropping significantly between 2001 and 2004 (from 82.5 billion to 54.9 billion, due to substantial increases in the price of tobacco products). At 7 euros the pack, French smokers already pay one of the highest price in the European Union, surpassed only by Britain and Ireland. Around 80% of the cost of a pack goes to the government in tax, bringing in €14 billion in revenue each year. In 2016, the government introduced neutral cigarette packets covered with graphic health warnings. By 2017, the government is considering increasing the price to 10 euros the pack (The French government launched in November 2017 the "One month without tobacco event", Appendix 2).

However, the proportion of smokers that smoke more than ten cigarettes a day is diminishing. The French smokers are usually very young and represent 50% of the smoker people (about 94% of the smokers in EU start smoking before they turn 25). Considering 16 million of French smokers (more than 100 million in the world), more than half would like to stop smoking. Only 750 000 (nearly 5% of the smoker people) people stop smoking each year. More than 2 million of smokers used skin patches, nicotine substitute or pharmacological processing in 2010. But a research suggests that smokers who buy nicotine replacement medicine over-the-counter without any professional help have similar odds of stopping smoking as those who try to stop smoking without any aid (Kotz et al., 2014).

Tobacco companies are investing in a new generation of smokeless alternatives to cigarettes as the industry faces growing regulatory threats across the globe. The world's four biggest tobacco companies outside China –Philip Morris International, British American Tobacco, Japan Tobacco International and Imperial Tobacco – are positioning themselves for an increasingly smoke-free future as they seek to entice smokers to non-combustible substitutes such as electronic cigarettes, tobacco vaporizers and

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