

Explain Yourself! Solving Agency Problems When Moral Considerations Matter

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Questions

Does asking for explanations of past performance affect future performance?

- internal vs. external effects
- are the internal effects 'real'?
- can they be activated without monetary incentives?

Theory

Reason-giving has external and internal effects. Explaining yourself can convince others. It can also convince yourself. There are two main mechanisms: (1) a *learning process* in which crafting an account triggers diagnostics while increasing attention on one's task; and (2) a *recommitment* to normative standards that forces a reassessment of one's choices.

Key hypothesis: Being asked to explain improves performance when there is a moral dimension.

Treatments

T1:Reasons Request to provide personal reasons for low performance + feedback of individual performance level + exhortation.

T2:Feedback Receiving feedback of individual performance level + exhortation.

T3:Control Personalized moral prompt (exhortation).

T4:Zero No treatment.

Data

- Performance measures: coverage of pap-smears by nurses in Mexico City (testing rate) and lying:
 - ~ 5M medical records from 2010-2014 (eligibility)
 - ~ 750K lab test records (coverage)
 - $N = 404$ treated nurse histories

Experimental design

- Matched on socioeconomic level of patients and previous performance of nurses:
 - random assignment of patients within strata
- 15 triplets of clinics
 - 146 nurses in R, 151 in F and 315 in Z
- Dif-in-difs: 30 days before and 30 days after TMT

Table 1: Dependent Variables (nurse i)

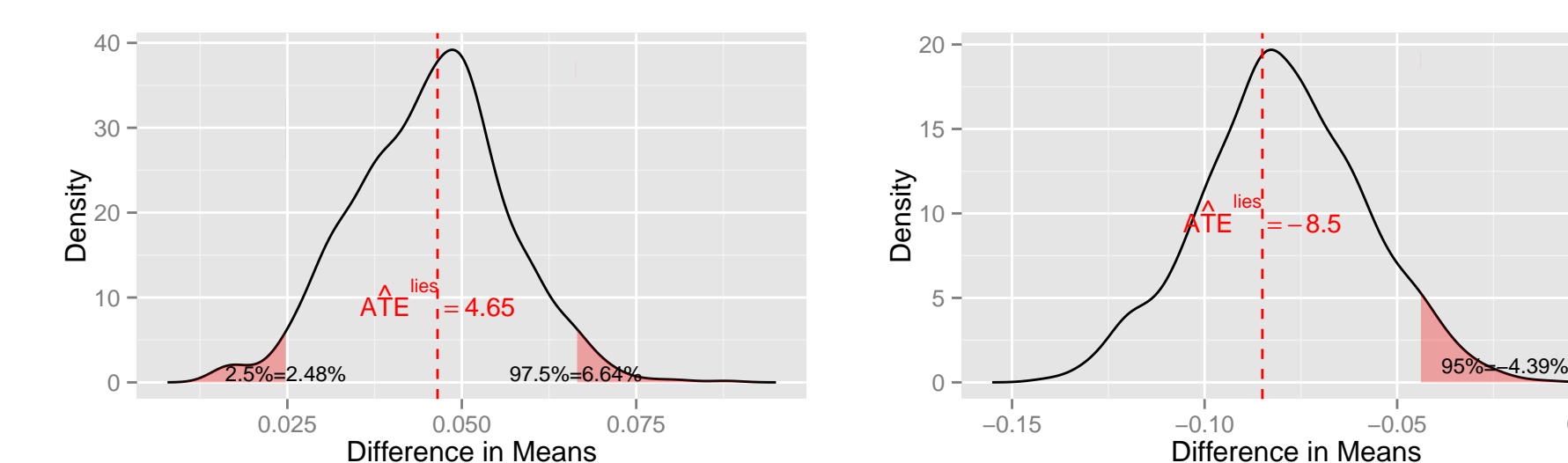
	Formula
Test rate	$\frac{\# \text{ patients screened by } i}{\# \text{ eligible patients visited } i}$
Lies	$\frac{\# \text{ claimed tests w/o lab } i}{\# \text{ claimed tests } i}$

Results

Table 2: Seasonally adjusted ATE

	ATE	$\frac{ATE}{T_0}$
Test Rate R-F	0.047	21%
F-Z	0.018	9%
Lies R-F	-0.085	-18%
F-Z	0.001	0.2%

- First column: seasonally adjusted ATE comparing matched pairs in each treatment group.
- Second column: ATE divided over dependent variable level before treatment (magnitude).
- Bootstrapped CIs for all significant effects.



(a) Performance R-F (b) Lies R-F
Figure 1: Bootstrapped CIs for main results.

Summary of Results

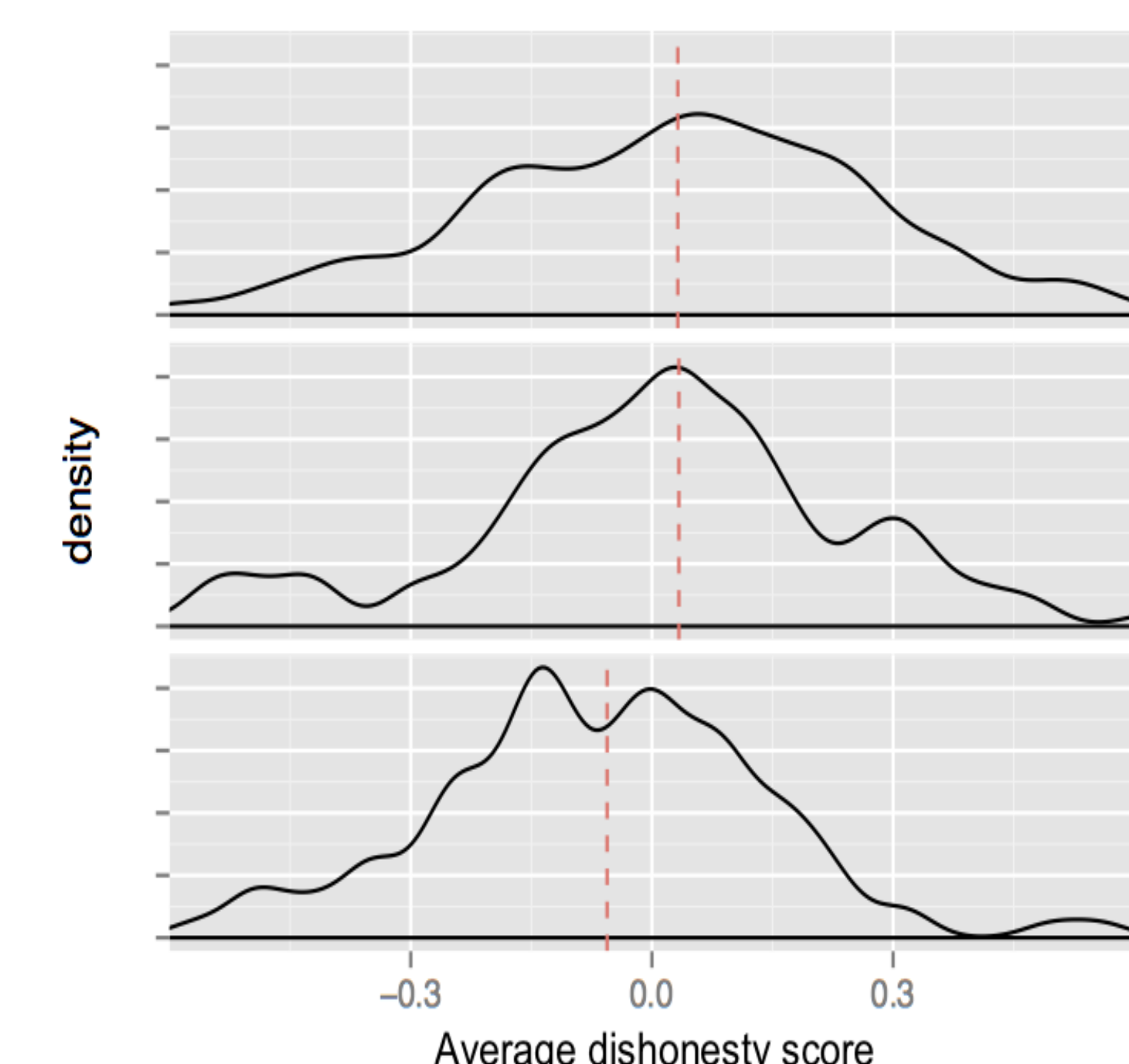
Nurses who were asked to give reasons tested more patients and lied less. None of the other treatments had significant effects.

Lying vs. Testing

Table 3: Composition of behavioral change across treatments.

Type	Zero Feedback Reasons		
I: Test \uparrow lie \downarrow	0.34	0.30	0.51
II: Test \uparrow lie \uparrow	0.17	0.17	0.16
III: Test \downarrow lie \downarrow	0.08	0.15	0.10
IV: Test \downarrow lie \uparrow	0.41	0.38	0.23
	1.00	1.00	1.00

Heterogeneous effects?



Conclusion

This experiment provides evidence that eliciting explanations -even in an unincentivized and anonymous setting- produces positive behavioral change. This is in a context where (a) there is a moral dimension to the task being performed (healthcare); and (b) the task is complex. The improvement on performance comes in two dimensions: the subjects increase their coverage rates and are more honest in their self-reporting.

The treatments were designed in incremental steps, where we compared a personalized letter with no information with a personalized letter with feedback about individualized scores and a personalized letter with the same feedback plus an anonymized request for explanations. None of the treatments had significant effects except the treatment that contained the request for explanations, suggesting that *appeal plus feedback* and *pure moral appeals* have smaller effects than reason elicitation.

Key references

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