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IDENTIFYING THE HIERARCHICAL STRUCTURE OF CUSTOMER COMPLAINT BEHAVIORS ON THE EXAMPLE OF IRANIAN HOTELS

Consumer researchers have become increasingly interested in the study of coping behaviors. Despite the importance of coping strategies in service failure context, there isn't any considerable research in Iran to identify coping behaviors. For this purpose after an extensive review of related literature, the preliminary scale consist of 45 items was adopted and compiled from previous studies and 25 depth interviews. The paper used both exploratory and confirmatory factor analyses (EFA and CFA) to examine the factor structure of the items. After exploratory factor analysis, confirmatory factor analysis, reliability and validity tests, number of questions was decreased to 34, and a hierarchical model with three higher order and nine lower order dimensions, was obtained. One of the contribution of this study is developing a scale for service customer compliant behaviors for the first time in Iran, and another contribution is introducing a new dimension of fatalism.

Keywords: customer complaint behaviors**,** coping strategies, service failure, hospitality**,** consumer behavior.

Formulation of the problem generally. Service failures are inevitable due to the high personal contacts between employees and customers in the hospitality business [1]. Scholars and marketing practitioners have focused attention on the consequences of service failures and the related subjects of coping strategies with service failure.

In psychological research, coping is defined as an individual response mechanism encompassing various cognitive and behavioral efforts to regulate external and/or internal factors that deplete one's resources [2]. When consumers faced with stressful consumption encounters, such as service failures, respond with multiple coping strategies by engaging their cognitive, emotional and behavioral resources to deal with the stress imposed by an incident [3; 4]. Service failures result in negative disconfirmation of consumer expectations, and as such tend to induce negative emotional responses towards the service provider. These negative emotions associated with service failures create a need for coping strategies [5].

Analysis of recent researches and publications. The manner of coping is typically complex and multi-dimensional. Folkman and Lazarus, in their early work [6] distinguished between problem-focused (managing the problem) and emotion-focused (managing elicited emotions) coping, but later noted that these are complementary rather than rival strategies [7]. It means that in dealing with stressful incidents, problem- and emotion-focused coping

strategies can be used in tandem to deal with the same situation.

E.A. Skinner et al. [8] conceptualized a 12-factor lower order structure, including problem solving, information seeking, helplessness, avoidance, self-reliance, support seeking, delegation, isolation, accommodation, negotiation, submission, and opposition strategies. Yi and Bamgartner [4] based on Lazarus and Folkman research [2] developed a typology of coping that was applicable in consumer behavior settings. Their typology consisted of eight coping strategies, including Planful Problem Solving, Confrontive Coping, Seeking Social Support, Mental Disengagement, Behavioral Disengagement, Positive Reinterpretation, Self-Control, and Acceptance. Duhachek [9] proposed an alternative classification of coping that encompassed three major strategies: active, expressive and avoidance/denial coping. An active strategy was aimed at problem solving and resolution. Expressive strategy was aimed at emotional expression, emotional communication and support-seeking behaviors to deal with the elicited stress. Finally, avoidance/denial was a passive dismissal of a problem. (Emotional intelligence). Duhachek and Iacobucci [10] proposed a series of coping strategies, including active coping and social support for dealing with negative consumption emotions (technology). Duhachek and Oakley [11] proposed coping strategies in two hierarchical level. Their findings support for a 2-dimensional, higher order model of coping (approach-avoidance coping). Kim et al [12] based on previous research [13-16], introduced four coping strategies: (1) taking no action (inertia); (2) negative word of mouth (negative WOM) about the service provider; (3) directly complaining to the service provider; and (4) complaining to a third party. Tsarenko and Strizhakova [17] used a shortened version of Duhachek's [9] three-dimensional coping scale that included 16 items. Tuzovic et al [18] considered retaliatory behaviors (including vindictive complaining, negative WOM, and pubic online complaining) and avoidance behaviors.

Unsolved issues as part of the problem. Despite the importance of coping strategies in service failure context, there isn't any considerable research in Iran to identify coping behaviors. So at present study, we formulate a multidimensional model of consumer coping and delineate processes through which consumers engage in particular patterns of coping in response to service failure.

The purpose of present research is to identify and classify the coping strategies of Iranian people in the higher order and lower order factors in encountering to service failures.

Basic material. *Development of instrument.* After an extensive review of related literature, the preliminary scale consist of 45 items was adopted and compiled from previous studies (mentioned above). It was modified for the present research, then was conducted a test of content validity through a panel of experts and a pilot study. So were omitted 4 items which experts distinguished them irrelevant. Moreover 25 in-depth interviews were considered with agency travelers who experienced a service failure in the hotel during the last 5 years, the purpose was discovering any other coping strategies that they exerted at the time of the experience of negative critical incident.

We exposed our participants to a service failure scenario and asked them to imagine themselves encountering the situation. Scenarios have been used in service failure research [19]; in contrast to recall-based surveys, they minimize response biases due to memory lapses and rationalization; they also avoid ethical considerations associated with observing or enacting actual service failures [20]. To assist participants in visualizing themselves in this situation, we provided highly descriptive details of a failure episode. In a pre-test, these scenarios were evaluated by customers and fellow academics to check the wording and the appropriateness of the scenarios. As a result, minor adaptations were made.

Sampling and data collection. After the pretest, a self-administered questionnaire was distributed to a convenience sample of consumers. For this purpose 440 respondents completed self-administered surveys regarding their attitudes toward 41 coping strategies items. After reading the scenario, participants appraised the problem and responded to questions about their coping strategies. The response format was a five-point Likert type scale ranging from strongly disagrees – 1 to strongly agree – 5. After eliminating those completed incorrectly, or missing too many questions, 419 questionnaires remained for data analysis. Of the respondents, 49 per cent were female, 51 per cent were male and the age of this sample ranged from 16 to 78 years, indicating a good coverage of all gender and age groups. The majority of the sample (67 per cent) holding a university degree.

Data analysis and results. *Exploratory Factor Analysis (EFA).* The 41 items of coping strategies were analyzed using principal axis factoring. This method of extraction was chosen over the more commonly used principal components analysis, considering that its principle is to identify relations among variables by understanding the constructs that underlie them. Varimax rotation was used. The analysis forcing was carried out the extraction of nine factors and was decreased number of questions to 34. The nine factors extracted explained 74,89 percent of the total variance. The value of the Kaiser-Meyer-Olkin measure of sampling adequacy was 0,809, which indicates that the data were appropriate for factor analysis. Additionally, the Bartlett's Test was significant (p = 0,000) which implied that the correlation matrix was suitable for factoring. The nine identified factors were labeled based on previous studies.

The first dimension labeled "social support", explained 20,48 percent of the total variance and included three items about emotional support from Duhachek [9] and Tsarenko and Strizhakva [17] and four items about instrumental support from Duhachek [9], Tsarenko and Strizhakva [17] and Goussinsky [21]. Other researchers (i.e., [8]; [10]; [4]; [11]; [22]) did not differentiate between instrumental and emotional support-seeking behaviors. They composed two factors and labeled as social support seeking behaviors, hypothesizing that these similar ways of coping were functionally equivalent. This was consistent with our exploratory results, so we labelled it with the same terms as those authors did.

Base on this dimension, consumers who experience negative emotions may turn to friends and acquaintances for advice or emotional support. The strategy includes seeking social support for instrumental reasons (i.e., getting advice from people who have had similar experiences) as well as for emotional reasons (i.e., discussing one's feelings with someone).

The second Dimension explained 16,86 percent of the total variance, and was labelled "avoidance". It contained four items. The coping behavior of avoidance was defined as "attempts to create psychic or physical distance between oneself and a stressor". The person coping using avoidance tries to take their mind off the problem and distracts themselves by doing other things. Our results were compatible with Skinner [8], Duhachek [9], Duhachek and Oakly [11] and Tuzovic [18] works. Yi and Bamgartner [4] and Curwen and Park [22] found two related dimensions labeled "mental disengagement" and "behavioral disengagement".

The third dimension, marked as "negative word of mouth", explained 9,56 percent of the total variance. It expresses the motivation to spread the dissatisfying experiences across their social networks. This factor identified by Kim [12] and Tuzovic et al [18].

The fourth dimension, "complain to service provider", contained four items, explained 7,327 percent of the total variance. Tuzovic et al [18] identified this factor in their work.

The fifth dimension, "third party complain", explained 5,074 percent of the total variance.

This factor identified by Kim [12] and Tuzovic et al [18].

The sixth dimension explained 4,507 percent of the total variance. This factor included 3 items which mostly originated from in depth interviews. These items were similar to positive thinking in the other studies (for instance Duhachek and Iacobucci [10]) but not exactly. So we labelled this new Item as "fatalism coping".

The seventh dimension, "self-controlling", explained 4,678 percent of the total variance. This factor identified by Yi and Bamgartner [4] and Curwen and Park [22].

The eighth dimension, marked as "emotional venting", explained 3,707 percent of the total variance. It expresses the motivation to spread the unsatisfying experiences across their social networks. This factor identified by Duhachek [9] and Goussinsky [21].

Finally, the ninth dimension, "denial coping", explained 3,301 percent of the total variance. This factor included 3 items and had identified by Duhachek [9] and Tsarenko and Strizhakva [17].

Reliability was evaluated for internal consistency by calculating Cronbach's Alpha coefficient. The resulting coefficients were higher than 0,7 for all factors. Table 1 displays explained variance, alpha coefficients for items in each factor and factor loadings of this final structure.

Table 1 – **Exploratory factor analysis (EFA) results for lower order coping behaviors**

Factors	Percentage of variance	Alpha coefficient
social support	20,48	0,867
avoidance	16,865	0,854
negative word of mouth	9,559	0,867
complain to service provider	7,327	0,851
third party complain	5,074	0,800
Fatalism coping	4,507	0,939
self-controlling	4,068	0,767
emotional venting	3,707	0,766
denial coping	3,301	0,785

After the extraction of lower order factors, Varimax rotation was used and was extracted three factors which were labeled as "active coping", "expressive coping" and "denial / avoiding coping" based on literature review and previous research ([9; 17]). The three-factor solution accounted for 71,75% of the total variance, and exhibited a KMO measure of sampling adequacy of 0,776. Moreover, the Bartlett's Test was significant (p=0,000) which means that the correlation matrix was suitable for factoring. "Expressive coping" included "negative WOM", "social support" and "emotional venting" which explained 32,247% of the total variance. "Denial / avoiding coping" included "denial coping", "Fatalism coping", "self-controlling" and "avoidance" with 25,936% of the total variance and finally, "active coping" included two sub factor of "complain to service provider" and "third-party complain" which explained 13,571% of the total variance.

Confirmatory Factor Analysis (CFA). In the next step, a confirmatory factor analysis (CFA) using LISREL 8,55 was conducted. It was used to evaluate the Convergent and discriminant validities of the measures. Convergent validity was tested by examining the factor loading of each construct (item), as well as composite reliability (CR) and variance extracted of the latent constructs, using CFA. The factor loading values for each individual indicator to its respective latent variable were high and all loading coefficients were above 0,50. The average variance extracted for each construct, except social support, were greater

than the recommended threshold of 0.50, which by omitting the item with lower loading coefficients, improved. So, number of items decreased to 34. As a result, the sample of this study revealed satisfactory reliability and validity of the scales. These results provided evidence that the measured items robustly represented the underlying constructs, showing satisfactory convergent validity.

Table 2 presents means, standard deviations, AVE, CR and correlations among the constructs. Moreover, the overall model fit was acceptable (x^2 = 973,07, df=524, $p < 0,05$; RMSEA = 0,069; GFI = 0,89, AGFI = 0,90, CFI = 0,81, IFI = 0,81).

Table 2 – **Confirmatory factor analysis (CFA) results for lower order coping behaviors**

Factors	AVE	CR	Standardized factor loadings
social support	0/532	0/909	0/66 0/75 0/78 0/70 0/76 0/72
avoidance	0/601	0/850	0/75 0/76 0/82 0/77
negative word of mouth	0/5798	0/871	0/62 0/88 0/83 0/73 0/72
complain to service provider	0/602	0/858	0/87 0/66 0/79 0/77
third party complain	0/802	0/802	0/81 0/60 0/85
Fatalism coping	0/846	0/941	0/91 0/94 0/91
self-controlling	0/554	0/780	0/57 0/92 0/70
emotional venting	0/563	0/776	1/02 0/64 0/49
denial coping	0/523	0/767	0/81 0/65 0/70

As a result, nine dimensions, explaining the coping strategies with service failures, have been identified. However, Findings specifically confirmed two "active coping" dimensions: "complain to service provider", "complain to the third party", and three "expressive coping" dimensions: "negative WOM", "social support coping" and "emotional venting" and finally, four "denial coping" dimensions: "denial coping", "Fatalism coping", "self-controlling" and "avoidance". These identified factors with their measurement items have been shown in Table 3.

Table 3 – **Identified factors and items**

Higher order factors	Lower order factors	Measurement items
active coping	complain to service provider	Objection to hotel staff/manager severely for defending the rights
		Planning to complain to the hotel management
		Complain to the hotel staff/manager for the hard time
		Complain to the hotel staff/manager for the unpleasant with them
	third party complain	Planning to complain to a consumer agency/ tourism organization
		Planning to complain to a social media site
		Planning to complain on phone/ internet website
expressive cooping	social support	Rely on others to make me feel better
		Tell others how I feel
		Share my feelings with others I trusted and respected
		Try to get advice from someone about what to do
		Have a friend assist me in fixing the problem
		Seek out others for comfort
	negative WOM	tell to my friends and acquaintance about negative experience in the hotel
		Gripe about hotel to my friends and acquaintance
		Discourage friends and acquaintance for choosing this hotel
		post negative comments on a social media site(like facebook) about the hotel
		Post complaints on the Internet site(like tripadvisor) to warn other travelers
	emotional venting	Take time to express my emotions
		Would take time to figure out what I am feeling
		Let my feelings out somehow
Denial coping	Fatalism coping	Look for the goodness in what happened
		Believe this event was the fate
		Believe this event was based on my destination
	self-controlling	tried to keep my feelings to myself
		tried not to show other people how I really felt
		1 tried to hold back my feelings
	avoidance	Try to take my mind off of it by doing other things
		Find satisfaction in other things
		Distract myself to avoid thinking about it
		Avoid thinking about it
	denial coping	Deny that the event happened
		Refuse to believe that the problem had occurred
		Pretend that this never happened

Managerial implications and limitations. The findings have allowed us to largely confirm the results obtained by previous studies, but using a sample of Iranian consumers. Specially, the factors found in this study are very similar to three- dimensional model found in Duhachek [9] and Tsarenko & Strizhakva [17]. Therefore, can be concluded that there are several similarities between Iranian and other countries in coping behaviors. This fact contributed to the validation of this coping strategies framework showing its application to different contexts. So, a contribution of this study is to acknowledge this as an instrument to be used in other future research. Another contribution is identifying a new dimension, we labeled "Fatalism coping". It seems it could be a strategy consistent with eastern cultures and Iranian rationales. It is worth noting that, most of research about coping strategies were conducted in the western context.

In spite of the salient role of coping strategies in service failure context, the robust research which illuminate the coping concept are limited. In this regard, this research was done for the first time in Iran, in order to explore a hierarchical coping behaviors (See Figure 1 and Table 3).

It will well-noted to mention that the result of these kinds of studies may be different with regard to the different regional, cultural circumstances and religious thoughts. The present study identified a new dimension marked as fatalism coping that explain coping behaviors in a passive manner. Managers should encourage their customers to active coping style and try to recover service failures effectively. Expressive and denial coping are destructive, which it seems are common strategies in Iran. Recognition of these two groups, is more significant to marketers than the visible actions of those who seek redress or complain about their experiences (customers with active coping behavior).

Public complaints (using active coping strategies) have two benefits: they alert the service provider that a problem with a service exists, while they can also provide businesses with a second chance to satisfy a consumer who will continue to patronize their organizations. But, if problems are resolved poorly, they face to "hidden" actions (Expressive and denial coping behaviors), which evidently can't satisfy their customers because of poor understanding the problem.

In summary, this research offers a comprehensive conceptualization of consumer coping behaviors in Iran, the hierarchical and multidimensional explored structure which can be used as a guideline for service providers in identifying consumer behaviors encounter to service failures in the hospitality context.

Conclusions and directions of further researches. The present study was conducted to identify the key dimensions that explain coping behaviors with negative emotions in service failure in the hospitality context. For this purpose, after an extensive review of related literature, the preliminary scale consist of 41 items was adopted and compiled from previous studies([4; 8; 9; 10; 11; 17; 18; 21; 22]) and depth interview results.

In this study nine dimensions, explaining the coping strategies with service failures, have been identified. However, Findings specifically confirmed two "active coping" dimensions: "complain to service provider", "complain to the third party", and three "expressive coping" dimensions: "negative WOM", "social support coping" and "emotional venting" and finally, four "denial coping" dimensions: "denial coping", "Fatalism coping", "self-controlling" and "avoidance".

This study has several limitations; which offer avenues for future research. First, findings should be confirmed through a different sample in order to increase generalizability. Especially since this research introduce a new dimension as labeled "fatalism coping", it is strongly recommended to future researchers. Second, these findings are limited in external validity by the convenience sample. Future studies should be expanded to consider random sampling method. This research developed a hierarchical coping scale in the hospitality business, so, future researchers can try to approve it in another context. Moreover, we exposed our participants to a service failure scenario, it is recommended to future researchers to test the model in a recall-based survey.

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Визначення ієрархії структури поведінки споживачів у разі скарг на прикладі готелів Ірану

У теперішній час усе більше зростає зацікавленість учених та практиків у вивченні специфічної поведінки споживачів. У статті досліджується теорія поведінки споживачів у разі скарг. Авторами розроблена шкала із 45 пунктів, яка складена на основі попередніх досліджень і 25 глибинних інтерв'ю. Використані пошуково-розвідувальні методи для дослідження факторної структури елементів. Після здійснення факторного аналізу, що перевіряє надійність і достовірність випробувань, кількість запитань скорочено до 34. Була отримана ієрархічна модель з трьома показниками вищого порядку та дев'яти – нижчого порядку. Результат дослідження полягає в розробленій шкалі, що оцінює якість обслуговування клієнтів готелів Ірану.

Ключові слова: поведінка споживачів у разі скарг, стратегії копіювання, збій обслуговування, гостинність, поведінка споживачів.

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Определение иерархии структуры поведения потребителей в случае их жалоб на примере отелей Ирана

В теперешнее время все больше возрастает заинтересованность ученых и практиков в исследовании специфического поведения потребителей. В статье исследуется теория поведения потребителей в случае их жалоб. Авторами разработана шкала из 45 пунктов, которая составлена на основании предыдущих исследований и 25 глубинных интервью. Использованы поисково-разведочные методы для исследования факторной структуры элементов. После осуществления факторного анализа, который проверяет надежность и достоверность испытаний, количество вопросов сокращено до 34. Была получена иерархическая модель с тремя показателями высшего порядка и девяти – нижнего порядка. Результат исследования состоит в разработанной шкале, которая оценивает качество обслуживания клиентов отелей Ирана.

Ключевые слова: поведение потребителей в случае жалоб, стратегии копирования, сбой обслуживания, гостинность, поведение потребителей.