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COPING BEHAVIORS V.S CUSTOMER COMPLAINT BEHAVIOR: A STUDY OF IRANIAN CONSUMERS 'COPING BEHAVIORS WITH SERVICE FAILURES

Purpose–Consumer researchers have become increasingly interested in the study of coping. This research contributes to this novel paradigm by investigating structural theories of coping with service failure using a hierarchical structure.

Design/methodology/approach– For this purpose after an extensive review of related literature, the preliminary scale consist of 45 items was adopted and compiled from previous studies. The paper uses both exploratory (EFA) and confirmatory (CFA) factor analysis to examine the factor structure and psychometric properties of these items.

Findings– After a confirmatory factor analysis and reliability and validity tests, a hierarchal model with three higher order and nine lower order factor, was obtained.

Originality/value– Despite the importance of coping strategies in service failure context, there isn't any considerable research in Iran to identify coping behaviors.

Keywords: Coping Strategies; Service Failure; Hospitality; Consumer Behavior.

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1 INTRODUCTION

Service failures are inevitable due to the high personal contacts between employees and customers in the hospitality business (Kim et al, 2009). Scholars and marketing practitioners have focused attention on the consequences of service failure and the related subject of customer complaint behavior. An understanding of these processes, and service providers' responses in terms of service-recovery activities, has implications for customer experience outcome such as satisfaction, re-patronage intentions, and positive word-of-mouth recommendation (Tronvoll, 2007; Fornell and Wernefelt, 1987; Blodgett et al., 1997).

Most research in complaint behaviour has focused on cognitive aspects of various service constructs (Tronvoll, 2011) and have ignored the emotional and behavioral aspects of the service experience (Bagozzi et al., 1999; Liljander and Strandvik, 1997; Oliver, 1994; Westbrook, 1987; Westbrook and Oliver, 1991).

Service failures result in negative disconfirmation of consumer expectations, and as such tend to induce negative emotional responses towards the service provider (e.g. Smith et al., 1998; Smith and Bolton, 2002). These negative emotions associated with service failures create a need for coping strategies (Mattila & Wirtz, 2004)

Despite the importance of coping strategies in service failure context, there isn't any considerable research in Iran to identify coping behaviors. On the other hand, Actual relationship between coping strategies and consumer complaining has not been well established (Tsarenko and Strizhakova, 2013). Some authors on service failure literature suggested consumer complaining as an outcome or extension of the coping with the service failures (Chebat et al., 2005) but the others, have discussed "CCB" and "coping strategies" concepts as synonyms and used both concepts interchangeably (for example Kim et al, 2010; Tuzovic et al, 2014). It seems this inconsistency is due to different genesis contexts. More specifically, coping strategies aroused of consumer behavior literature and CCB originate from psychology context.

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. In this research, we map the hierarchical structure of coping with service failure based on previous research and attempt to reconcile it with complaint behaviors.

More specifically, the goal of the present research is twofold:

(1) To identify and classify the coping strategies of Iranian people in the higher order and lower order factors.

(2) To compare the resulting model with customer complaint behaviors models.

2 LITERATURE REVIEW

Coping strategies

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 (Lazarus and Folkman, 1984). 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 (Yi and Baumgartner, 2004; Nyer, 1997).

The manner of coping is typically complex and multi-dimensional. In their early work, Folkman and Lazarus (1980) 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 (Lazarus, 1996). 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. Duhachek (2005) proposes an alternative classification of coping that encompasses three major strategies: active, expressive and avoidance/denial. Active strategy is aimed at problem solving and resolution. Expressive strategy is aimed at emotional expression, emotional communication and support-seeking behaviors to deal with the elicited stress. Finally, avoidance/denial is a passive dismissal of a problem (Tsarenko and Strizhakova, 2013).

Customer compliant behavior

Customer complaint behavior (CCB) is conceptualized as "a set of multiple (behavioral and non-behavioral) responses, some or all of which are triggered by perceived dissatisfaction with a purchase episode" (Singh, 1988).

Hirschman (1970) was the first researcher to conceptualize customer complaining behavior. He focused on political parties and the possibility of members being able to change political strategy and aims. According to Hirschman's (1970) theory, the customer has three options:

(1) Voice a complaint to the seller or a third party;
(2) Exit the relationship with the seller through switching; or
(3) Take no action (loyalty).

Day and Landon (1977) suggest a three-level hierarchical model. This is essentially a conceptual model, although the authors did cite empirical data from an earlier study of various goods and service industries (Day and Landon, 1976). The model distinguished between "take no action" and "take some action". If any action is taken, it is subdivided into "private actions" (such as decisions to make no further purchases, warnings to friends or ceasing to patronise) and "public actions" (such as seeking redress from the seller, complaints to consumer affairs agencies or legal action). Singh (1988) uses empirical data from grocery stores, automobile-repair shops, medical-care providers, banks and financial services to extend Day and Landon's (1977) hierarchical model to the following three dimensions:

(1) "Private response" (e.g. negative word-of-mouth);
(2) "Voice response" (e.g. seeking redress from the seller); and
(3) third-party response (e.g. taking legal action or complaining to an external third party)

The author included "no complaint" under the category of "voice response".

Typology of coping strategies

The manner of coping is typically complex and multi-dimensional. In their early work, Folkman and Lazarus (1980) 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 (Lazarus, 1996). 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. (2003) 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(2004) based on lsazarus and Folkman research(1984) developed a typology of coping that was applicable in consumer behavior settings. The typology consists of eight coping strategies including Panful Problem Solving, Confrontive Coping, Seeking Social Support, Mental

Disengagement, Behavioral Disengagement, Positive Reinterpretation, Self-Control, and Acceptance. Duhachek (2005) proposes an alternative classification of coping that encompasses three major strategies: active, expressive and avoidance/denial. Active strategy is aimed at problem solving and resolution. Expressive strategy is aimed at emotional expression, emotional communication and support-seeking behaviors to deal with the elicited stress. Finally, avoidance/denial is a passive dismissal of a problem. (Tsarenko and Strizhakova, 2013). Duhachek and Iacobucci (2005) proposed a series of coping strategies including active coping and social support for dealing with negative consumption emotions (technology). Duhachek and Oakly(2007) proposed coping strategies in two hierarchical level. Their findings support for a 2-dimensional higher order model of coping (approach-avoidance coping). Kim etal (2010) based on previous research (Day and Landon, 1977; Day et al., 1981; Singh, 1988; Zeelenberg and Pieters, 2004), 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(2013) used a shortened version of Duhachek's (2005) three-dimensional coping scale that included 16 items. Tuzovic et al (2014) considered retaliatory behaviors and avoidance behaviors. Which the first included vindicting complaining, negative WOM, and pubic online complaining.

3 RESEARCH METHODOLOGY

Development of instrument

"Which coping strategies are used by Iranian consumers?" This is the main question of this paper. So, for response to it, after an extensive review of related literature, the preliminary scale consist of 45 items was adopted and compiled from previous studies (mentioned above). And was modified for 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 between 5 past 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 this situation. Scenarios have been used in service failure research (Gre´goire

et al., 2009); 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 (McCollough et al., 2000). 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 appropriateness of the scenarios. As a result, minor adaptations were made.

Sampling and data collection

After 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. Participants After reading the scenario, 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 for 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.

4 DATA ANALYASIS AND RESULTS

Exploratory Factor Analysis (EFA)

The 41 items for 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. After exploratory factor analysis, 7 items was omitted due to low correlation with none of nine identified factors (lower than 0.5).So, number of questions was decreased to 34. The remaining 34 items were again subjected to EFA and a final nine-factor model was estimated, while none of the items exhibited low factor loadings (lower than 0.40) or high cross-loadings (more than 0.40).

The nine factors extracted explained 74.89 per cent 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" explains 20.48 per cent of the total variance and includes three items about emotional support from Duhachek (2005) and Tsarenko & Strizhakva(2013) and four items about instrumental support from Duhachek(2005), Tsarenko & Strizhakva(2013) and Goussinsky(2012). Other researchers (ie, Curwen and Park, 2014; Duhachek and Oakly,2007; Duhachek and Iacobucci, 2005; Yi and Bamgartner, 2004;Skinner et al, 2003) do 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 are functionally equivalent. This is consistent with our exploratory results, so were labelled 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 explains 16.86 per cent of the total variance, and was labelled "avoidance". It contains four items. The coping behavior of avoidance is 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 are compatible with Skinner (2003), Duhachek (2005), Duhachek and Oakly (2007) and Tuzovic (2014) works. Yi and Bamgartner (2004) and Curwen and Park (2014) found two related dimension labeled "mental disengagement" and "behavioral disengagement".

The third dimension, marked as "negative word of mouth", explains 9.56 per cent of the total variance and expresses the motivation to spread the dissatisfying experiences across their social networks. This factor identified by Kim (2010) and Tuzovic et al (2014).

The fourth dimension, "complain to service provider", contains four items, explains 7.327 per cent of the total variance. Tuzovic et al (2014) identified this factor in their work.

The fifth Dimension, "third party complain", explains 5.074 per cent of the total variance. This factor identified by Kim (2010) and Tuzovic et al (2014).

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The sixth dimension explains 4.507 per cent of the total variance. This factor includes 3 items which mostly originated from in depth interviews. These items to some extent were similar to positive thinking in the other studies (for instance Duhachek and Iacobucci, 2005). So we labelled this new Item as "fatalism".

The seventh dimension, "self-controlling", explains 4.678 per cent of the total variance. This factor identified by Yi and Bamgartner (2004) and Curwen and Park (2014).

The eighth dimension, marked as "emotional venting", explains 3.707 per cent of the total variance and expresses the motivation to spread the dissatisfying experiences across their social networks. This factor identified by Duhachek(2005) and Goussinsky(2012).

Finally, the ninth dimension, "denial coping", explains 3.301 per cent of the total variance. This factor includes 3 items and identified by Duhachek(2005) and Tsarenko and Strizhakva(2013).

Reliability was evaluated on 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.

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 (Duhachek,2005; Tsarenko & Strizhakva,2013). 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 includes negative WOM, social support and emotional venting and explain 32.247% of the total variance. Denial/avoiding coping including denial coping, Fatalism coping, self- controlling and avoidance with 25.936% of the total variance and finally, active coping includes two sub factor of complain to service provider, third party complain and explain 13.571% of the total variance.

Table1 - 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

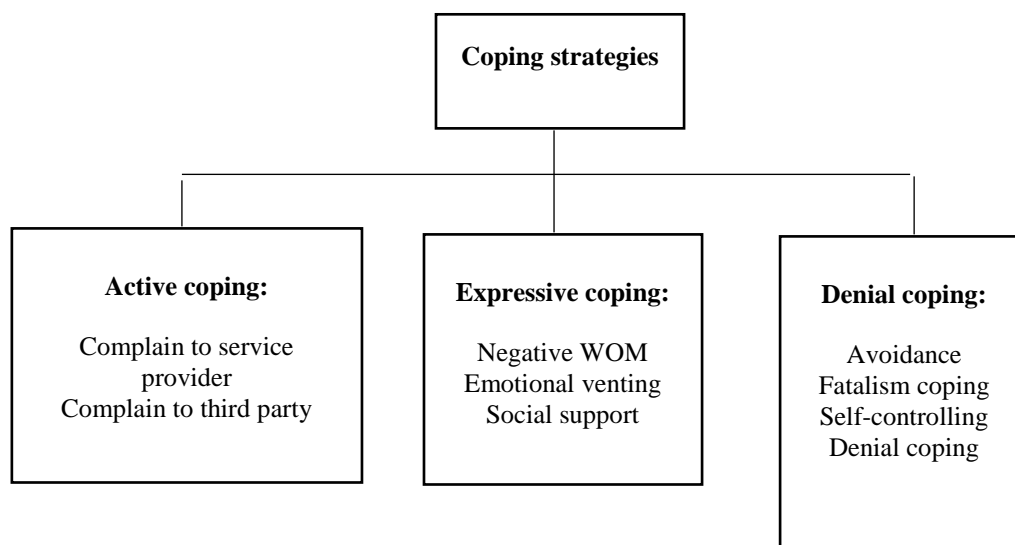### Confirmatory Factor Analysis (CFA)

In the next step, a confirmatory factor analysis (CFA) using LISREL 8.55 was conducted. It is 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, was 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(see appendix 1). 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).

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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

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Figure1 - explored model for coping behaviors with service failures

5 DISCUSSION AND CONCLUSIONS

The present study was conducted to identify the key dimensions that explain coping behaviors with 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(Tuzovic,2014; Curwen and Park ,2014; Tsarenko & Strizhakva,2013; Goussinsky,2012; Duhachek and Oakly,2007;Duhachek,2005; Duhachek and Iacobucci,2005; Yi and Bamgartner, 2004; Skinner et al, 2003) 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". 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 (2005) and Tsarenko & Strizhakva(2013). Therefore, can be concluded that there are several similarities between Iranian and other countries in coping strategies. This fact contributes 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 and Iranian cultures. It is mention to word, most of research about coping strategies were conducted in western context.

Managerial implications

In spite of salient role of coping strategies and customer complaint behavior in service failure context, research about these two concepts are scare. This research explored a hierarchal coping behavior in response of service failure in Iran for the first time (see figure1). The findings were highly confirmed findings of previous studies (Tuzovic,2014; Curwen and Park ,2014; Tsarenko & Strizhakva,2013; Goussinsky,2012; Duhachek and Oakly,2007;Duhachek,2005; Duhachek and Iacobucci,2005; Yi and Bamgartner, 2004; Skinner et al, 2003). In order to research in service failures, two apparently different but related streams of research were identified: coping behaviors and complaint behavior. As mentioned before, Actual relationship between coping strategies and consumer complaining is unclear. Some authors consider consumer complaining as an outcome or extension of the coping with the service failures (Chebat et al., 2005) but the others, consider two concepts as synonyms. In this research, identified three higher order coping behavior and nine lower order coping behavior, which is have close similarity to suggested CCB model of Day and London (1977) and Singh (1988)."Public action" in CCB model is consistent with "active coping", "private action" with" expressive coping" and "denial/avoidance coping" with" no action". Simply, it is observable similarities

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between sub factors too. For instance negative WOM is common dimension in CCB behaviors and coping behaviors with service failure.

This convergence has some managerial implications. Practitioners and researchers can utilize results of CCB and coping with service failure studies simultaneity and interchangeably. For instance, the findings of CCB behaviors is extendable to active coping strategies.

One should mention though, that results of these kinds of studies may be differing from country to country for different regional, religious and cultural circumstances. The present study was identify 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 offer 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 failure in hospitality context.

Limitations and future research directions

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, 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 hierarchal coping scale in 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 surveys.

Clustering of consumers according to coping styles, could be worthwhile for future research. Moreover, studies which determine anticipants (like, personality trait, emotions) and consequences (satisfaction, loyalty) of coping behavior is recommended.

And finally, in this research we find a convergence between two related concepts (CCB and coping with service failure). However, further research is needed to determine the relationship between two mentioned concepts.

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Apendix1- 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 from choosing this hotel
		post negative comments on a social media site(like facebook) about the hotel
		Post complaints on the Internet sit(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

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