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***Satisfaction, value and
loyalty in the consumption
experience: An empirical test***

***Satisfacción, valor y
lealtad en la experiencia
del consumo: una prueba
empírica***

ABSTRACT

This paper tests the value creation in the consumption experience identifying the constructs that precede and result from consumption value, pointing out satisfaction as antecedent of consumption value and the levels of loyalty as constructs resulting from the whole process. The results confirmed that satisfaction can be measured as two distinct constructs (satisfaction with excellence and value based satisfaction); the consumption value is intensely impacted by perceived quality and by satisfaction with excellence; and value based satisfaction intensely impacts the affective dimension of loyalty followed by the active dimension of loyalty.

Key words: value, loyalty, satisfaction, marketing service.

RESUMEN

Este artículo prueba la creación del valor en la experiencia del consumo e identifica los constructos antecedentes y consecuentes de ese tipo de valor, especificando la satisfacción como antecedente del valor de consumo y los niveles de lealtad como constructos resultantes del proceso. Los resultados confirmaron que la satisfacción se puede medir en dos constructos distintos (satisfacción con excelencia y satisfacción basada en el valor); el valor del consumo es afectado

intensamente por la calidad percibida y por la satisfacción con la excelencia; y la satisfacción basada en el valor impacta intensamente la dimensión afectiva de la lealtad seguida por la dimensión activa.

Palabras clave: valor, lealtad, satisfacción, marketing del servicio.

1. INTRODUCTION

The value in the consumption experience is a relatively recent topic in the marketing literature. Although researchers on the topic have moved forward in the understanding of this concept (Grönroos, 2000; Gummerson, 1998; Holbrook, 1994; Pine & Gilmore, 1999), there is still much to understand about value creating sources during the consumption experience, the preceding and resulting constructs, as well as the ways to measure the value created.

This paper was prepared by means of a quantitative research carried out with patients at a hospital and aims to identify the preceding and resulting constructs of the value in the consumption experience, as well as assess the levels of loyalty as construct resulting from the whole process. To achieve such a goal, this paper also aims to define and create scales for some of the constructs proposed by Oliver's (1999a) extended value theoretical model, which have been little explored in literature, as well as to assess the relationships between satisfaction with the consumption experience and loyalty levels.

2. VALUE-IN-EXCHANGE AND VALUE-IN-CONSUMPTION EXPERIENCE

Exchange has been considered a key concept in marketing. Most of the definitions of marketing include exchange, reinforcing a transactional approach to marketing (Bagozzi, 1975; Hunt, 1991). Within such a context, exchanges happen in the market because all the parties involved expect to receive value from their transactions. The value construct, in this approach, precedes both use and satisfaction. Therefore, in the context of transactional exchanges, value refers to the difference between benefits and perceived costs before purchase is made (Christopher, 1982).

In 1986, however, Reuter introduced the concept of value in use, which represents the value associated to the performance of products for a consumer's specific application. Reuter (1986, cited by Anderson, Jain & Chintagunta, 1993) states that, mainly in the case of industrial products, the value analyst's main worry has to do with value in use – the product's performance and reliability – more than with existing value (based on prestige or aesthetics, cost value or value in exchange).

Heskett, Jones, Loveman, Earl Sasser and Schlesinger (1997, p. 40), moved forward in this direction by proposing a renewed reading of the old definition of value as a cost/benefit relationship. The authors propose the following definition:

$$\text{Value} = \frac{\begin{array}{c} \text{Benefits} \\ \text{(Results delivered to customers + quality of the process)} \end{array}}{\begin{array}{c} \text{Sacrifices} \\ \text{(Price to the customer + cost of acquisition of the service)} \end{array}}$$

In this definition the focus is on performance expressed in terms of results delivered to the customer, the quality of the process and the costs perceived during the acquisition and use of the service. Holbrook contributes to this scenario by suggesting that “value, in the consumer’s behavior, does not reside in the object (product or service) purchased, but is directly related to the consumption experience it affords” (1994, p. 37). Gummesson (1998) illustrates this new concept by stating that value creation is only possible when a good or service is consumed and an unsold good has no value.

Grönroos (2000) is consistent with this approach, and emphasizes “the focus is not on products but on customers value creating processes where value emerges for customers and is perceived by them” (p. 24-25). Pine *et al.*, (1999) distinguish between product-centered logic and services-centered logic, the basis for developing strategies that aim to create value based on the consumer’s experience. According to the authors, services-centered logic is based on intangible assets such as essential competencies in processes; people seek benefits stemming from the application of suppliers’ competencies; customers are the co-producers of the service, and marketing is a process of doing things by interacting with the customer.

2.1. The concept of extended value according to Oliver’s (1999a) typology

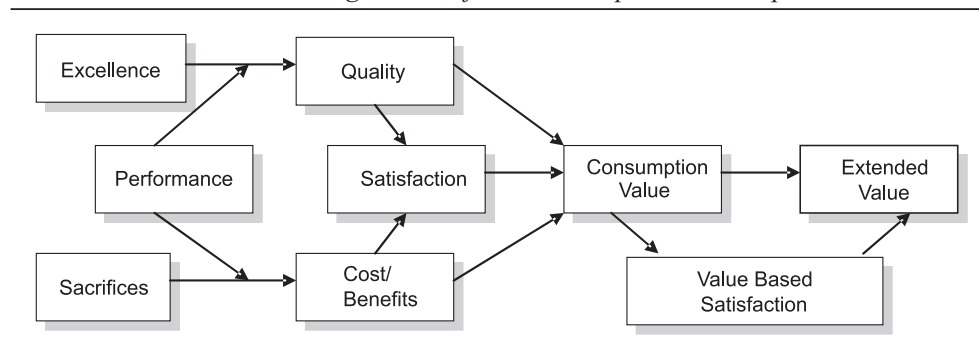
Oliver (1999a) developed the concept of extended value to create a broader understanding of the concept of value that would consider both the perceived value that precedes the use of a product or service, and the value created in the consumption process. The assumption was that there are two types of value, value as excellence and consumption value. Value as excellence can be perceived at two moments in a customer’s experience when the customer does not interact directly with the product or service. These two moments are: 1) in the period that precedes purchase, and 2) in the post-consumption period. However, consumption value stems from results achieved through the consumer’s consumption and interaction with the product and the company that supplies it. Therefore, value stems not only from what the product or service is, but also from what it does for the user through interaction and the consumption experience (Holbrook, 1994). Nevertheless extended value is a greater value, created at the end of the process as a consequence of perceiving satisfaction with excellence, value in consumption and a consequence of the value based satisfaction.

In his previous work, Oliver (1997) points out that satisfaction in the consumption experience involves the assessment of satisfaction with events during the consumption process (waiting time, comfort, concessions, etc.) and consumption results (efficiency, lower risks, status, success, self-esteem). Oliver suggests that satisfaction and value, although they influence each other mutually, are distinct concepts: satisfaction is the consumer’s answer to his needs

and desires being fulfilled; value is a response to the consumer's final state after he has been satisfied; extended value works as an additional value that is bestowed upon an individual's life. This additional value can be either monetary or emotional, such as pleasure. It can be calculated in terms of maintaining pleasure or against losing it. Oliver (1999a,) refers to such a state as: "satisfaction as pleasure"; "satisfaction as contentment"; and "satisfaction as relief" (p. 338).

Within this context, Oliver (1999a) proposes that value is the main result of the consumption experience, while satisfaction is an element that contributes to create value in consumption (Holbrook, 1994). Thus, as seen in Figure 1, Oliver (1999a) suggests a relationship among excellence, sacrifice, performance, quality, cost benefit relation, satisfaction, consumption value, value based satisfaction, which will lead, at the end of a satisfactory and pleasurable acquisition and consumption process, to the extended value.

Figure 1
Oliver's nomological net of value concepts in consumption.



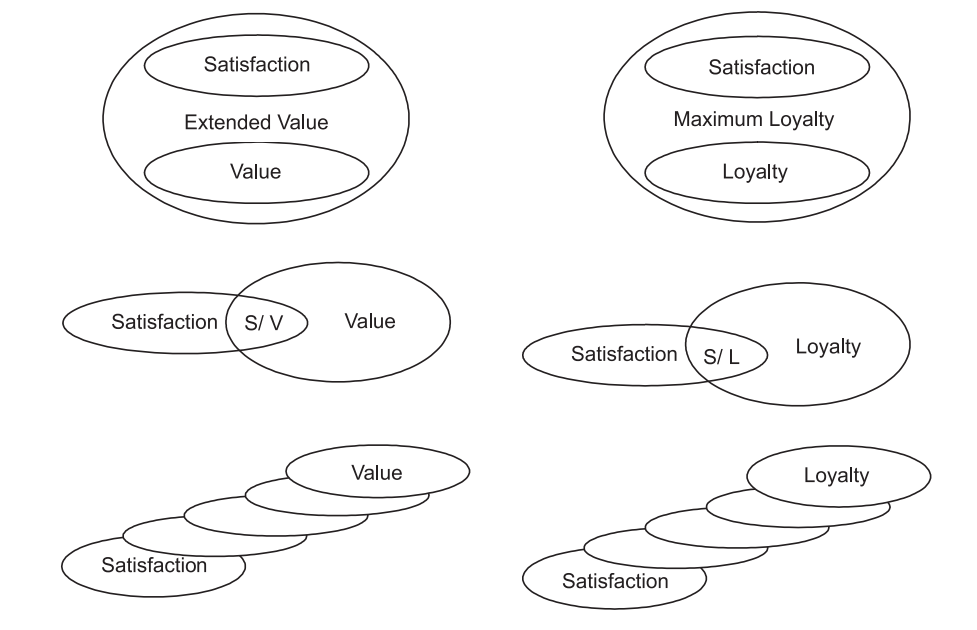
Source: Oliver (1999a, 59).

2.2. Linking value and satisfaction

The theoretical models that relate value and satisfaction generally possess consequent constructs that refer to behavioral intentions. Loyalty is a construct that several authors have analyzed as a consequence of value and satisfaction (Labarbera & Mazursky, 1983; Newman & Werbel, 1973; Rust, Zhorik & Keiningham 1995a, 1995b; Zeithaml & Bitner, 2003). Oliver (1999b) suggests that satisfaction and loyalty are two distinct constructs and that satisfaction is the beginning of the transition that culminates in loyalty itself. In a previous article, he has presented the same line of reasoning to explain the relationships between satisfaction and value. In that article, he explains that the two are distinct constructs that influence each other as they make up extended value and additionally satisfaction is not understood as being only a part of value. Satisfaction is the beginning of a transition that culminates in value. Therefore, Oliver's studies seem to suggest that satisfaction is a construct that leads both to extended value and to loyalty. The comparison between Oliver's two articles is presented in Figure 2.

Figure 2

A comparison between Oliver's theoretical models (Oliver 1999a & Oliver 1999b).



Source: Adapted from Oliver (1999a & 1999b).

3. THE STUDY

It can be observed in marketing literature, up to the last decade, that what prevails is the concept of value linked to the perception of benefits and costs before consumption. Therefore, it is stimulating to explore the concept of value created in the consumption experience, as well as the constructs related within this process. Thus, the current study aims to identify the preceding and resulting constructs of consumption value to patients in a hospital by taking satisfaction into account in two distinct constructs, a preceding and a resulting one, of consumption value, as well as the levels of loyalty as resulting constructs, the end result of the whole process of the consumption experience.

4. THE ANTECEDENTS OF SATISFACTION WITH EXCELLENCE

In Oliver's (1999a) nomologic network, satisfaction is approached in two dimensions: satisfaction with excellence and value-based satisfaction. Satisfaction with excellence means satisfaction with the benefits offered by what the product is (its quality and excellence) as opposed to the

sacrifice the consumer had to make to have access to it. Therefore, it can be perceived in Oliver's model that the author proposes that the consumption value can be increased or decreased due to the satisfaction experienced through quality – aided by the interactions of excellence and performance, opposed to the perception of cost/benefit – stemming from perceived sacrifice and also mediated by performance.

However, in the study in question, as the patients evaluated are in a hospital for patients who have private health insurance, any evaluation that would take financial aspects into account would be biased. Furthermore, it is impossible for patients to evaluate the performance of this kind of service. These constructs would only be feasible if the aim of this study were a product with objective information about price and performance.

Therefore, we propose that the model to be tested should take into account only the non-financial dimensions of cost, that is, aspects related to the increase in convenience. For the model proposed in the study, the constructs cost/benefit and sacrifice were exchanged for a construct named reduced sacrifice, which evaluates the convenience offered by the hospital.

Furthermore, to make it easier for the consumer to make his or her evaluation, it is proposed that the constructs of quality and excellence should be taken as a single construct and named quality stemming from excellence. Thus, based on Oliver's (1999a) nomologic network, the following hypotheses are proposed:

H1. There is a linear, positive relation between quality and satisfaction with excellence.

H2. There is a linear, positive relation between quality and consumption value.

H3. There is a linear, positive relation between reduced sacrifice and satisfaction with excellence.

H4. There is a linear, positive relation between reduced sacrifice and consumption value.

H5. There is a linear, positive relation between satisfaction with excellence and consumption value.

4.1. Value by consumption and satisfaction with value by consumption

In the nomologic network proposed by Oliver (1999a), consumption value creates value-based satisfaction. In this study, we opted to measure consumption value based on Heskett, Jones, Loveman, Earl Sasser and Schlesinger (1994) definition: by evaluating the benefits perceived as to the results delivered to the customer, added to the evaluation of the quality of the consumption process. Therefore, the hypothesis is that an evaluation of the results of consumption and of the process the customer goes through directly affect satisfaction with value by consumption. As such, based on Oliver's (1999 a) model, we propose the following hypothesis:

H6. There is a linear, positive relation between consumption value and value-based satisfaction.

4.2. The relationship between satisfaction and loyalty

Marketing literature points to loyalty as a multidimensional construct that includes a behavioral dimension (repeated purchases patterns, recommendations, suggestions) and an attitudinal dimension made up of cognitive and affective components that take into account such aspects as accessibility, reliability, emotions and feelings (Jacoby & Kyner, 1973; Larán, Espinoza & Da Silveira, 2004). Oliver (1997) evolved his definition of the concept, adding that loyalty must explain the three components of attitude: the cognitive, affective and behavioral dimensions. Thus, it shows loyalty at four different levels: cognitive, affective, conative and active loyalty. At the last level of loyalty, active loyalty, a customer must express commitment, preference and consistency. According to the author, at the last level, “(...) customer loyalty is a deeply held commitment to rebuy or patronize a preferred product or service consistently in the future, despite situational influences and marketing efforts having the potential to cause a switching behavior” (Oliver, 1999b, p. 36).

Oliver (1997, 1999b) proposes that customer loyalty should follow a hierarchy that begins at the cognitive level, followed by the affective, conative sense and, finally, by the behavioral sense that is categorized as a state of inertia, or the purchasing act itself. Despite the existence of a hierarchy among the levels of loyalty, each level is an independent construct with distinct antecedents, as suggested by Oliver (1997) and McMullan and Gilmore (2003), as represented in Table 1.

Table 1
Loyalty levels: antecedents and vulnerabilities.

Stage	Identification	Antecedents	Vulnerability
Cognitive ↓	Loyalty to information such as price, characteristics and others.	Accessibility Trust Centrality Clearness	Cost Benefits Quality
Affective ↓	Loyalty to the bond: “I buy the product/service because I like it”.	Emotions Humour Satisfaction To be special	Dissatisfaction Persuasion Experimentation
Conative ↓	Loyalty to intention: “I am committed to buying the product/service”.	Start-up costs Risks associated to change	Persuasion Experimentation
Purchasing Action	Loyalty to the action of inertia and overcoming obstacles.	Inertia Risks associated to change	Persuasion Experimentation

Source: Oliver (1997, 1999b) and McMullan and Gilmore (2003).

One of the research streams in marketing focuses on the importance of satisfaction as a predictor of loyalty (Labarbera & Mazursky, 1983; Newman & Werbel, 1973). Other authors add that customers who are completely satisfied display a performance or behavioral intention far superior to that of satisfied customers (Rust, Zhorik & Keiningham, 1995a, 1995b; Zeithaml & Bitner, 2003). Some studies show that simply measuring satisfaction is not enough to understand consumer behavior, pointing out that there are different kinds of satisfaction and distinct consequences for each one of the constructs. A study by Flemin and Outros (2005), for instance, in a study performed in the consumer market, which explores two kinds of satisfaction: customers who are emotionally satisfied and customers who are rationally satisfied. Geyskens and Steenkamp (2000), found different results in a study performed in the context of relationships within distribution channels. In Oliver's (1999a) theoretical model, the author suggests the existence of two kinds of satisfaction: satisfaction with excellence, that evaluates more objective aspects linked to perceived excellence and sacrifices made in the consumption process, value based satisfaction with the value obtained in consumption, which derives from evaluation by experience.

Thus, we propose the following hypotheses:

H7. There is a linear, positive relation between value-based satisfaction and cognitive loyalty.

H8. There is a linear, positive relation between value-based satisfaction and affective loyalty.

H9. There is a linear, positive relation between value-based satisfaction and conative loyalty.

H10. There is a linear, positive relation between value-based satisfaction and active loyalty.

Gathering the hypotheses into a consistent nomologic network it is possible to sketch a research model, presented at Figure 3.

5. METHODOLOGY

The unit of analysis in this study was a hospital that, for the most part, treats adults sent to undergo elective surgery. This study was characterized as conclusive descriptive research, implemented through a field survey (Churchill & Iacobucci, 2002). The constructs were developed by two marketing specialists, so as to guarantee greater content validity to the data (Malhotra, 2001). With the objective of guaranteeing face validity (Netemeyer, Bearden & Sharma, 2003), four discussions groups were set up and each one of them consisted of eight patients who had already been through the experience of spending time in other hospitals. The constructs and indicators having been defined, three pre-tests were held and from them, by means of internal consistency analyses, it was possible to purify the scales.

The final version of the survey instrument contained 38 measurement items that were evaluated on a 7-point Likert-type Scale. The content of the construct indicators of this study can be found in Table 2. Only in-patient clients and patients over 18 years of age took part in

the survey. Additionally, the respondents were all post-operative. It is worth observing that participation was voluntary and the right to privacy was preserved.

Table 2
The constructs and indicators used in the questionnaire.

Constructs	Indicators ¹
Quality stemming from excellence	Hospital X's nursing team shows competence and professionalism.
	Doctors at Hospital X show competence and professionalism.
	This hospital has modern equipment and technical resources.
	This hospital is recognized for delivering good results for treatment performed.
	The quality of the service I receive from Hospital X does not depend on the health insurance policy I have.
Reduced sacrifice	Hospital X is well-located for me.
	A can reach this hospital easily.
	The services offered by Hospital X, for example, exams and medical appointments, save me time.
Satisfaction with excellence	Hospital X is one of the best there is.
	This hospital fulfills my needs exactly for what I need for my health.
	I am very happy to have Hospital X as an option for treatment.
Consumption Value: Process evaluation and consumption results	The food served at Hospital X follows my prescribed medical diet.
	The people who work at this hospital (doctors, nurses, and administration staff) are attentive and respectful to me.
	The way people treat me at Hospital X makes me feel well.
	The facilities at this hospital are comfortable and cozy.
	I trust the diagnosis I have received from doctors at this hospital.
	I trust the medical treatment recommended by the doctors at Hospital X and believe it is the best one for me.
Value Based satisfaction (satisfaction with consumption results)	I am not very happy to have chosen this hospital.
	I regret having decided to become a patient at Hospital X.
	Services at Hospital X were not as good as I had believed they would be.
Cognitive loyalty	Hospital X fulfills my needs better than other the hospitals I could have used.
	Hospital X has better resources than other hospitals.
	Before choosing Hospital X, I did some careful research and compared it to other hospitals.
Affective loyalty	I prefer Hospital X to other hospitals.
	I really enjoy being treated at this hospital.
	I have positive things to say about Hospital X.

(Continued...)

Table 2
The constructs and indicators used in the questionnaire.

Conative loyalty	It is important for me to continue my relationship with Hospital X.
	Even if it were easy for me, I would not try another hospital that competes with Hospital X.
	I consider myself to be quite loyal to Hospital X.
Active loyalty	Although there are other options, I am willing to make sacrifices to be treated at this hospital.
	When I need hospital services, I do not even look for other options; I come straight to Hospital X.
	Every time I am asked about the medical treatment offered by this hospital, I recommend Hospital X first of all.
	For sure Hospital X will be the first hospital I will look for when I need treatment.

Source: Prepared by the authors.

6. SAMPLE PROFILE AND DATA COLLECTION

6.1. A description of the sample profile

A total of 161 questionnaires were completed in the final study. This is reflective of the small hospital which has a limited number of procedures per month (250). The majority (63.1%) of the interviewees had only finished primary school or less, while 90.1% had finished secondary school or less. Among the 90 respondents who declared their occupation, the most common professions were those of household maid (34.44%) and retiree (8.89%). The predominant (73.4%) monthly income was lower than R\$1.000,00 (about US\$ 400.00). Approximately 56.5% of the respondents were married, 15% were divorced or widowed, and the average number of dependants was equal to 1.58 ($s = 1.78$). The average number of hospital stays was equal to 4 and the average length of stay was equal to 8.44 days ($s = 20.85$). Approximately 52% of the hospital procedures were paid by SUS/INSS (National Health System), 23% by medical insurance plans and only 12% were privately paid.

6.2. Unidimensionality, reliability and validity

An exploratory analysis of the missing data was made (outliers and assumptions) and no significant problem could be found, except for deviations from uni and multivariate normality. Due to the violation of the normality assumption, the model was adjusted by means of generalized least squares due to the greater robustness offered by this method in the absence of multivariate normality and superior results in moderately-sized samples (Tabachnick & Fidel, 2001). Figure 3 illustrates the results obtained.

A summary of the validation stages can be seen in Table 3.

Table 3
Correlation and reliability matrix.

Constructs	1	2	3	4	5	6	7	8	9
1 Quality	.68	-	-	-	-	-	-	-	-
2 Reduced sacrifice	.44	.79	-	-	-	-	-	-	-
3 Satisfaction with excellence	.58	.34	.71	-	-	-	-	-	-
4 Consumption Value	.87	.29	.69	.82	-	-	-	-	-
5 Value-based Satisfaction	.07	.04	.02	.09	.70	-	-	-	-
6 Cognitive loyalty	.10	.04	.34	.15	.02	.70	-	-	-
7 Affective loyalty	.63	.38	.67	.76	.04	.27	.79	-	-
8 Conative loyalty	.14	.06	.20	.16	.00	.28	.32	.76	-
9 Active loyalty	.30	.19	.54	.31	.01	.31	.39	.26	.80
Cronbach's Alpha	.80	.88	.77	.85	.79	.80	.86	.80	.87
Composite reliability	.87	.88	.83	.95	.91	.82	.88	.86	.89
Average	6.54	6.53	6.35	6.59	5.55	4.74	6.19	5.20	5.66
Standard deviation	0.75	1.04	1.12	0.78	2.08	1.61	1.34	1.83	1.63

Observations: the numbers in the main diagonal correspond to the average variance extracted according to procedures suggested by Tabachnick and Fidel (2001). The elements below the main diagonal are the square of the correlation estimated in CFA. The alpha statistic and composite reliability (Hair, Tatham, Anderson & Black, 1998) are estimates of the reliability of the constructs. Average and standard deviation were estimated by means of the valid and reliable indicators of the constructs.

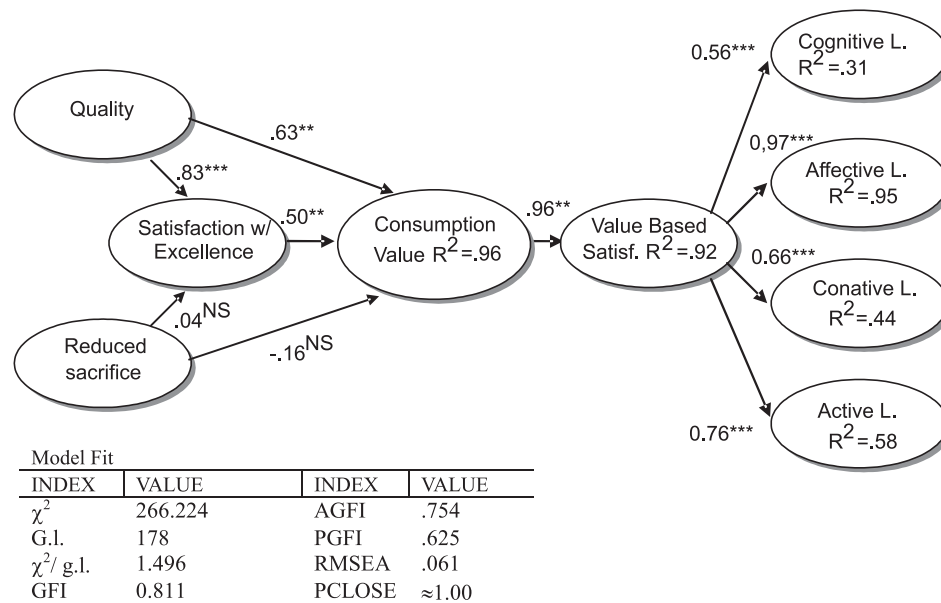
Evaluating the averages for the constructs, it can be suggested that the clients of this hospital perceive high quality and reduced sacrifice, feeling high levels of satisfaction with the excellence of the services rendered and perceiving high value by consumption. However, only affective loyalty reached high levels, which is a hint that their relationship with the company that was studied is more emotional than cognitive.

6.3. Test of the hypothetical research model

The hypothetical research model was tested in confirmatory strategy by structural equation modeling (Hair *et al.*, 1998). The final sample of 135 respondents was lower than the number of parameters in the sample covariance matrix which encompassed 220 elements (20 x 22/2). Despite this, the number of observations in the matrix and the sample of respondents are superior to the number of parameters estimated in the model (52), which shows reasonable numbers to test the structural model.

In Figure 3 we can observe a moderate fit of the model to the data. On the whole, moderate adjustment imposes caution as to conclusions favoring the plausibility of the model as a whole, but it does not mean that general considerations cannot be made.

Figure 3
Hypothetical research model.



Observations: the numbers shown by the arrows relate to standardized loads. NS shows a non-significant load ($P > 0.05$). ** indicates the significance of the load at the 1% level ($p < 0.01$); *** indicates the significance of the load at the 0.1% level ($p < 0.001$). R^2 indicates the percentage of explained variance in the endogenous constructs.

7. DISCUSSION AND CONCLUSIONS

Results indicated that the relationships that had been predicted were supported by the model proposed, except for hypotheses H3 and H4, which stated that there was a positive relationship between reduced sacrifice and satisfaction with excellence (H3) and reduced sacrifice and consumption value (H4). Probably, the fact that the respondents, for the most part, belong to the less-favored social classes can explain such results: they perceive the hospital as being convenient, but such perception has no impact on their satisfaction with excellence nor is it related to value perceived in the consumption experience. Furthermore, considering it from the point of view of the loyalty theory, the more convenience-oriented the consumer is, the less sensitive he is to derive value from the consumption experience and, probably, the less loyal he will be.

Even so, the determinants of loyalty in its various levels and the antecedents of value by consumption and satisfaction in consumption were supported by empiric results. The perception of consumption value was significantly associated to quality (H2) and satisfaction with

excellence (H5). It is important to stress that quality has, besides a direct effect on consumption value, an indirect effect on satisfaction with excellence (H1 and H5).

These assertions have relevant implications on management: it seems that the consumer perceives more value in events during consumption if he has perceived the product or service as being excellent. Therefore, it will always be important for managers to communicate quality and guarantee satisfaction with excellence, as this perception is fundamental towards a positive evaluation during the consumption process.

The results of this research also show that consumption value strongly explains value-based satisfaction (H6). Besides that, loyalty is a consequence of the perception of consumption value mediated by value-based satisfaction. It is worth observing that value-based satisfaction has a greater impact on affective loyalty (H8), followed by active loyalty (H10), when compared to the other dimensions of loyalty. This result is also relevant because theory shows that emotionally-involved customers bring more results to the company (Flemin & Outros, 2005) and are more inclined to discuss and try to solve problems that could lead to a ruptured relationship (Geyskens & Steenkamp, 2000).

The finding that the dimension active loyalty is the construct that suffers the second strongest impact from the consumption experience, mediated by value-based satisfaction, is also fundamental to management, as active loyalty is the state of inertia, a declaration by the consumer that the focal product or service will be the first to be thought of the next time it is needed and that he is willing to make an additional effort to choose it. Furthermore, the lower explanatory capacity of active loyalty can be determined by the presence of situational factors (e.g. health insurance, type of illness and medical reference) that might make it impossible to choose the hospital to stay, against the wishes of the patient,

8. LIMITATIONS AND FUTURE RESEARCH

This research was carried out at a hospital whose patients, for the most part, belong to low-income social classes. Therefore, these results might be reflecting this reality. Thus, it is pertinent to question if such behavior would have been the same if this research had been carried out with other social classes, just as it would be pertinent to question if in other service or product categories we would have found the same results.

The scale to measure the construct value consumption could also be built to show the value added during the process instead of evaluating the experience and the results of the consumption process. In such a case, it would be asked how much Hospital X, compared to alternatives, adds more (...), solves more (...), has better service, etc. However, in the present study we chose to evaluate the various aspects of the consumption experience and its results that were considered to be relevant by the discussion groups previously held.

There is still much to explore about value created by the consumption experience and there is still the challenge of defining and measuring the concept of extended value suggested by Oliver (1999a), as a result of the whole consumption process. The present study was intended to

add some contribution to a topic that is still incipient in marketing literature by defining scales, suggesting preceding and resulting constructs to the consumption experience and evaluating how intense these relationships can be.

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