Understanding Complaining Behaviour and Users' Preferences for Service Recovery: An

Experiment

by

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AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis,

including any required final revisions, as accepted by my examiners.

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Abstract

Many services fail. Failures are those encounters during which the user assesses the service as flawed (Maxham & Netemeyer, 2003; Palmer, Beggs, & Keown-McMullan, 2000), or improper (Maxham, 2001). An emergent service failure literature has determined that such failures play an important role in user perceptions and subsequent behaviours. The present study sought to discover the ways in which possible users responded to an ambiguous service failure. The purpose of the study was to twofold: (a) to understand the situational, emotional, and dispositional factors which influence users' likelihood of complaining behaviours; (b) to develop connections between these factors and users' preferences for service recovery. We were guided by several research questions including: *RQ1: When the cause of the failure is ambiguous, to what/whom do users attribute blame? RQ2: How well do attribution of blame and perceived failure severity predict negative emotions? RQ3: What is the relative influence of each negative emotion in predicting the likelihood of each complaining behavior? RQ4: Does user disposition intervene in the relationship between emotion and complaining? RQ5: What is the role of appraisals and emotion in determining service recovery preferences?*

Borrowing from the service quality, consumer behaviour, health, and therapy literatures, we develop a conceptual framework for answering our questions. Consistent with recent research, we conceptualized that negative emotions following service failures were dependent on users' appraisals of the situation. Specifically, we looked at the effects of failure severity and attribution of blame on anger, frustration, shame, guilt, regret, and dissatisfaction. We then conceptualized complaining behaviour as a coping mechanism for

these negative emotions, and preferences for service recovery as manifestations of immediate desires users would have to address their emotions.

To test our theory, an experiment with hypothetical scenarios and a survey instrument was developed. We manipulated two conditions (time lost and money lost) at different points in the survey while participants while self-selected into an attribution of blame condition (Self, provider, other). Undergraduate students at the University of Waterloo (n=288) served as the sample. The questionnaire assessed such variables as attitudes towards complaining, locus of control, tendency for avoidance, emotional response, complaining behaviours, and preferences for service recovery.

Results from multivariate analyses confirmed that appraisals help predict negative emotions, and that negative emotions influence complaining behaviours. Results also demonstrated that appraisals and emotions do begin to explain variance in service recovery preferences. Contrary to the interactionist approach, results failed to support the notion that personal dispositions (such as attitudes and personality traits) moderate the relationship between situational factors and behaviour.

Finally, conclusions for the study are made, and implications for future research and the design of service recovery strategies are discussed.

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Chapter 1: INTRODUCTION

1.1 Service Failure

The goal of leisure service delivery is that of user satisfaction. Services are typically intended to meet or exceed client expectations (Berry & Parasuraman, 2004). Services that fail to meet that standard are referred to as service failures. Failures are those encounters during which the user assesses the service as flawed (Maxham & Netemeyer, 2003; Palmer, Beggs, & Keown-McMullan, 2000), or improper (Maxham, 2001). An emergent service failure literature has determined that such failures play an important role in user perceptions and subsequent behaviours. Indeed, they can influence users' likelihood of returning to the service, and intentions to spread positive and negative information about the service (Zeithaml, Berry, & Parasuraman, 1996). It is not surprising, then, that service providers have shown considerable interest in the dynamics around service recovery. It is essential that they seek to recover from all such failures (Michel, Bowen, & Johnston, 2009). Under certain conditions, recovery has the potential to build user satisfaction and loyalty.

Two themes within the service failure literature are of particular interest in this study. The first is *complaining behaviour*. Complaining behaviour has been broadly defined as an "explicit expression of dissatisfaction" (Crie, 2003, p. 60). Some complaint behaviours are welcome in that they help initiate the process of service recovery. Complaints to the provider can be redressed immediately given proper consideration. Furthermore, complaints to the provider contribute to ongoing service development through complaint-based improvement (Tax & Brown, 2012). Other complaint behaviours are more damaging. Complaints that are directed to other users and not the provider may be particularly problematic. They not only

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reinforce negative attitudes towards the service (Singh & Wilkes, 1996) but they may also decrease the probability that listeners will seek to use the service in the future (Charlett, Garland, & Marr, 1995).

The second relevant theme in the recovery literature is that of resolution or *recovery dynamics*. Service recovery is defined as a "thought-out, planned process for returning aggrieved consumers to a state of satisfaction with the firm after a service or product has failed to live up to expectations" (Zemke & Bell, 1990, p. 43). We are interested here in the ways in which aggrieved users seek to deal with their distress.

The issues of complaining behaviour and recovery dynamics are inextricably linked and psychological coping is a key to understanding that link. Coping refers to a type of emotion regulation that is both conscious and voluntary (Smith & Alloy, 2009). Negative experiences such as service failures have the potential to trigger a negative psychological state. Such a state may consist of a number of negative emotions and attitudes. Users are motivated to address this negative state and complaining behaviour may result. Indeed, Gelbrich (2010) characterizes it as an important coping strategy offering a means of dealing with negative emotions. Consumers who adopt a general problem-solving focus to coping may complain directly to the provider hoping to resolve the failure. Problem-focused complainers may also complain to others for the purpose of social support. In both cases, the goal is one of coping with the failure. Conversely, aggrieved users may also engage in vindictive word-of-mouth, and vindictive voice (Gelbrich, 2010). Both are comprised of emotion-driven negative comments directed solely at other potential users and not to the

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provider. Such complaints do not typically center on solving the service problem per se, but instead help to return a consumer to a more positive intra-psychic state (Kowalski, 1996).

1.2 Study Rationale

While Gelbrich's (2010) study provided considerable insight into complaining behaviour as a coping mechanism, many questions still remain unanswered. While Gelbrich (2010) investigated the role of anger and frustration in predicting coping behaviours, a number of other negative emotions likely emerge following service failure. Feelings of shame and guilt, as well as regret have all been previously identified as possible emotional outcomes of failure. Dissatisfaction, too, is often discussed as an important outcome of failed service experiences. These emotions and this attitude have not been studied in the context of service failure using a coping framework. We intend to build on the discussion developed by Gelbrich (2010) to gain more insight into users' complaining behaviour as a coping mechanism for negative emotions following service failure.

We also intend to more explicitly address the relationship between attributions and emotions in failure. While Gelbrich (2010) cites cognitive theories of emotion in the framework of coping behaviours, no empirical evidence is provided to support the relationship between situational attributions and emotional response. In this study, we include perceived failure severity and attributions of blame as predictors of emotional responses. Specifically, we wish to investigate the ways in which consumers make appraisals in ambiguous failures and the ways in which those appraisals influence negative emotions.

Further, we recognize the potential benefits of marrying the coping literature with the interactionist paradigm to further our understanding of complaining behaviour. The

interactionist paradigm dictates that behaviours are a function of both situational variables and underlying personal factors (Mischel, 1999, 2004). Situational characteristics arouse behaviour and the disposition either enhances or inhibits it (Mischel, 2004). In the case of users' complaining behaviour, emotions act as situational triggers for behaviour and underlying dispositions such as attitudes and personality traits likely modulate that relationship.

Finally, this study develops a broader understanding of the service failure dynamic by investigating users' preferences in service recovery. While the existing service recovery literature tends to focus on the service providers' role in recovery efforts, virtually no previous research has addressed the importance of user participation in the recovery. This is surprising, given recent developments in the service research paradigm which have demonstrated that co-produced services likely lead to positive outcomes for the user. For example, user participation in service co-creation has been found to positively influence service quality perceptions (Dabholkar, 1990), perceptions of value (Ennew and Binks, 1996), and the strength of the relationship between user and provider (Claycomb et al., 2001). Because service recoveries are also profoundly cooperative, we wish to explore users' preferences for both provider-dominant characteristics and user-dominant characteristics. We will explore the ways in which appraisals and emotions influence preferences.

1.3 Purpose and Research Questions

We sought to discover the ways in which possible users responded to an ambiguous service failure. Specifically, the purpose of this study was to understand the situational, emotional, and dispositional factors which influence user's likelihood of complaining coping

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behaviours; to develop connections between these factors and users' preferences for service recovery. We were guided by several research questions including:

RQ1: When the cause of the failure is ambiguous, to what/whom do users attribute blame?

RQ2: How well do attribution of blame and perceived failure severity predict negative emotions?

RQ3: What is the relative influence of each negative emotion in predicting the likelihood of each complaining behavior?

RQ5: What is the role of appraisals and emotion in determining service recovery preferences?

Chapter 2: LITERATURE REVIEW

2.1 Chapter Overview

This chapter includes four main sections. It begins by discussing service failures. Second, it discusses users' complaining behaviour. This section also includes discussion about cognitions and emotions in service failure. Third, it discusses coping theories and argues in favour in conceptualization complaining as a coping mechanism. Finally, it discusses service recovery and recovery preferences.

2.2 Service Failure

Increasingly, users are becoming more demanding of the experiences they seek (Mawson, 1993). Furthermore, service encounters are unique and complex interactions which contain elements of uncertainty (Mattila & Cranage, 2005). These conditions complicate the process of satisfying users. Unlike products which can be manufactured to exact specifications ensuring quality, service experiences are more dynamic. Consequently, service failures are inevitable (Fisk et al., 1993).

Failure occurs when expectations do not meet users' standards. This involves two concepts: expectations and perceptions of service quality. Expectations are pretrial beliefs about a service which act as standards against which the performance of service is judged (Zeithaml, Berry, & Parasuraman, 1993). Expectations are developed through previous experience, the providers' marketing and word-of-mouth communications (Zeithaml, Berry, & Parasuraman, 1993).

Perceptions are judgments of the superiority of the service (Zeithaml & Bitner, 2003). The literature suggests perceptions of service quality are multifaceted (Parasuraman,

Zeithaml, & Berry, 1988) and differ across industries and contexts (Alexandris, Zahariadis, Tsorbatzoudis, & Grouios, 2004). As a result, many industry-specific instruments to measure different factors of service quality are available (see Crompton & MacKay, 1989; Howat, Crilley, Absher, & Milne, 1996; Kelley & Turley, 2001; MacKay & Crompton, 1990; Theodorakis et al., 2001). Succinctly, Brady and Cronin (2001) wrote that the quality of service consistently comes down to the quality of the interaction between provider and user, the quality of the environment in which that experience occurs, and the quality of the outcome delivered to the user at the end of the service.

Users likely compare their perceptions of service quality to the expectations they had of the service. When perceptions exceed expectations, positive disconfirmation occurs (Oliver, 1981). When perceptions fail to meet expectations, negative disconfirmation occurs. Disconfirmation, in turn, affects future user outcomes such as user satisfaction or dissatisfaction. More broadly, there are a number of initial and immediate user responses which likely follow failures.

2.3 Users' Initial Responses to Service Failure

There are two main processes which occur in sequence following service failures. First, a cognitive process consisting of information gathering and appraisal occurs. Following these appraisals, an emotional process triggers certain negative emotions for the user. This section begins with an overview of the theories associated with these processes, and then discusses each process.

That emotions follow appraisals in temporal order has only in the last two decades been widely accepted. Early research noted the two processes are distinct yet related

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(Cannon, 1927; Zajonc, 1984), but the order was largely unknown. Particularly in the late 1970s and early 1980s, authors debated which process was reliant on the other, if at all. Social scientists such as Zajonc (1980, 1984) argued that emotions influence cognitions. This position was supported by others. For example, Cohen and Areni (1991) argued that emotions can influence memory recall by distorting memories. Emotions can influence, often inhibit, information processing events (Bless, Bohner, Schwarz, & Strack 1990; Schwarz & Bless, 1991).

A second paradigm began to emerge through the 1960s and remains strong to this day. This school of thought contends that emotions are largely based on appraisals. This position is inherent in the work of Bagozzi, Gopinath, and Nyer (1999) who defined emotions as mental states of readiness that arise from cognitive appraisals of events or one's own thoughts. Additionally, Parrot and Schulkin (1993) argued that "emotion and sensation cannot be independent from cognition' since for emotions to function adaptively, they must incorporate interpretation, anticipation, and problem-solving […]" (p. 45). The authors contend that emotion is inherently based on cognitive because emotions arise from situational appraisals. Parrot and Schulkin also add that not all cognitions have emotional elements, whereas emotions seem to be based strongly around cognitions suggesting that emotions follow cognitive appraisals.

One point seems to be clear from this earlier debate. Although emotions may influence delayed or future cognitions, such as recalling memories of events, situation-specific emotions emerge largely from situation-specific appraisals. Now, thanks in part to recent developments in neuroscience research, evidence supports the position that emotional

and cognitive processes are related, but that certain regions thought of as affective (i.e., emotional) are triggered largely after areas thought to be cognitive are activated (Izard, 2007). Therefore, there is ample evidence that many emotional processes are dependent on cognitive ones. Specifically, it is thought that the amygdala is the emotion-generating structure of the brain which can be influenced largely by the pre-frontal cortex, typically associated with planning and analysis (Ohman, 2005). It appears then, rather evident that in trying to understand why certain negative emotions follow service failure, one must review the literature on cognitive theories of emotion. These theories simply that: emotions are based on cognitions.

2.4 Cognitive Theories of Emotion

According to cognitive theories of emotion, two things are true. First, emotions are discrete, phenomenological categories. That means while emotions can be broadly defined by positive or negative valences, each emotion is possibly related but certainly distinct from others. Second, theory suggests that the specific emotions which are elicited depend on appraisals of the situation. In light of this perspective, this section reviews the dominant contributors to this theory then moves on to discuss emotions and the specific emotions model. We do not include an exhaustive list of either theorists or emotions, but rather choose to highlight each. For a complete review of the development of theories in appraisal and emotion, the reader is directed to Scherer (2001). For a contemporary review of development of literature surrounding human emotion, the reader is directed to (Izard, 2007).

2.4.1 Brief History of Theorists of Cognitive Theories of Emotion

Arnold (1950) was one of the first to investigate emotional arousal. Arnold's excitatory theory of emotions proposed that different emotions such as fear, anger, or excitement could be distinguished by different excitatory phenomena, such as loud noises or frightening images. Following critique, Arnold (1960) established a cognitive theory which was proposed that emotion is dependent on appraisal of the situation. The theory stated that once an appraisal has been made, emotions are developed, which then in turn lead to action.

Years later, the work of Lazarus (1991) became extremely well cited. This is likely the case because the author's work largely addressed previous critiques made by researchers in the field and filled gaps in previous theory.

For example, many early researchers of the time followed activation theory which described only two major dimensions of emotion, activation and arousal, as drivers of behaviours (Scherer text book). Lazarus expanded upon this perspective to an extent no other author had done before. Arguably, Lazarus' pivotal work remains the dominant model for understanding emotional responses in service failures.

According to Lazarus' (1991) cognitive-mediational-relational theory of emotion and stress, there are two main types of cognitive appraisals which influence emotions: primary appraisal, and secondary appraisal. Primary appraisal involves understanding the significance of the event. Individuals compare their perceptions of the event to their previously established goals, as well as their self-schema. Perceptions which are incongruent with goals, values, and schemas arouse emotion.

Secondary appraisal involves the assessment of the individual's ability to cope with the event (Lazarus, 1991). Coping refers to efforts of managing situations which exceed resources (Lazarus and Folkman 1984). Lazarus (1991) proposed two types of coping processes: direct actions, and reappraisal. Direct action means taking action to solve the problem in some way. Reappraisal means changing one's assessment of the situation. In turn, reappraisal suppresses negative emotions. Lazarus' (1991) model was the first to link appraisals, emotions, and coping behaviours in a clear and concise manner.

Smith and Kirby (2000) also argued that emotions are dependent on cognitive processes associated with the event. The authors argue first that individuals experience perceptual stimuli from the experience. Examples of perceptual stimuli include facial expressions of others, and sensations such as pain or shortness of breath (Smith & Kirby, 2000). Following a stimulus, two concurrent processes occur. First, individuals engage in associative processing, which involves making connections between the event and memory (Marsella & Gratch, 2009). Individuals make sense of the situation using heuristics largely developed through past experience. Second, individuals engage in reasoning, which is a more deliberate, logical process of thinking about the situation (Marsella & Gratch 2009). This model suggests individuals gather information, compare that information to previously established beliefs or experiences, and then make judgments based around those inputs.

Together, these theorists have developed a very succinct perspective on the relationship between appraisals and emotion. In understanding emotion in service failure, the previous literature on cognitive theories of emotion outlines five key points. First, service failures result in cognitive appraisals. In adverse or ambiguous situations, users try to make

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sense of what happened. We contend that users who experience ambiguous failures will engage in a cognitive process to make sense of the situation. Second, the process of cognitive appraisal in service failure has two core evaluations: an assessment of the relevance of the event, and an assessment of the cause of the event. Users will think about how much the problem matters to them, and will try to understand the cause of the problem. Third, cognitive appraisals have the potential to influence emotional responses. Fourth, the type and intensity of the specific emotion experienced is dependent on the cognitive appraisals of the situation. Different sets of emotions emerge based on these appraisals. Finally, in order to address these emotions, users develop coping strategies. Here, we argue that users may use complaints as a form of coping.

The following section reviews the component parts of this theory. We begin by explaining cognitive appraisals. Specifically, we conceptualize the cognitive appraisals of relevance and cause as failure severity and attribution of blame, respectively. We then outline specific negative emotions which may emerge in failures. Finally, we discuss complaining as a coping strategy for these emotions.

2.5 Cognitive Appraisals in Service Failure

Following failure, users likely react with a cognitive process of appraisals (Bennett, Hartel, McColl-Kennedy, & James, 2003). Cognitive appraisals are intuitive evaluations of the event in reference to ones' wellbeing (Yap & Tong, 2009). According to Lazarus (1991), individuals in potentially negative events will first determine the relevance of the event to their wellbeing. We conceptualize this notion as failure severity. Users also attempt to make sense of the situation by understanding the cause of the event. We conceptualize this as

attribution of blame (Lazarus, 1991), which authors have demonstrated to be a key factor in understanding service failures (Boshoff & Leong, 1998).

2.5.1 Failure Severity

According to appraisal theories, users who experience service failure will first attempt to determine whether or not the failure is relevant to them. This process involves two key components: goals and the importance of those goals. Users have general goals for participating in the service. For example, a student who wishes to participate in a university event may have the goal of socializing with others and sees the event as a means towards that goal. When service failure occurs, users assess the degree to which the failure inhibits the likelihood of achieving that goal. In our example, a student wanting to socialize at an event which had to be cancelled would unlikely achieve their goal of socializing, because the event was cancelled. The failure inhibited the achievement of the goal.

The relevancy of goal inhibition also depends of the importance of that goal. Perhaps the student wishing to socialize is not deeply concerned, because he or she already has a close social circle. In another example, a user wishing to catch a bus which is running late in order to get to an important job interview may assess the failure of the bus to arrive on time as largely relevant.

An analogous concept in the service literature to that of event relevance is failure severity. Failure severity is defined as the magnitude of loss that users experience due to the failure (Smith & Bolton, 1999; Weun et al., 2004). Some failures are perceived as severe whereas others are only minor. For example, waiting in line for a concert for two hours more than expected might be a severe failure whereas waiting in line for an extra 15 minutes may

be only minor. Users who perceive greater loss likely believe the event is more relevant to them. Much like appraisal theories which propose that primary appraisals assess the relevance of the event, the core concept of failure severity is rooted in goal incongruence. The user determines the severity of the loss based on what they wanted originally. If the user desperately wanted speedy service, even minor delays could be crucial. Users who are less concerned about speed would not perceive slow service in the same way.

2.5.2 Attribution of Blame

Attribution refers to the process by which individuals explain causes of certain actions. In the case of this study, attribution is the process through which users make sense of the cause of the service failure.

Authors have discussed that individuals can attribute blame to a number of causes. For example, Weiner's (1982) model argued that individuals rationalize the locus of causality for the blame. If blame is the result of another individual's actions, attribution is external, whereas blaming oneself constitutes an internal attribution (Lazarus, 1991). In a service context, Kelley (1967) proposed that attributions can be made to the self, the provider, the circumstance, or a combination of the three. That is, users can blame themselves, the provider, or something else for the service failure.

These discussions suggest that attribution is very much a subjective process. While failures can originate from the provider's actions, from the actions of the user, from entirely external causes, or can be systemic to the service (Bitner et al., 1990; McColl-Kennedy & Sparks, 2003), users are likely to make their own judgments about failure. Seldom would a user have enough information to know with certainty the "true" cause of failure. Instead,

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users will likely use the information available and their previous experiences to attribute blame.

Unfortunately, this implies that attributions are subject to a number of perceptual biases. As with all human decision making processes, biases have the potential to influence attributions of cause. Three such biases are the self-serving bias and the ego-centric bias, and the defensive attribution hypothesis. The self-serving bias states that individuals will attribute successes internally and attribute failures externally (Campbell & Sedikides, 1999). In service failures, users may be much more likely to blame the provider or some external source than they are to blame themselves. Particularly in ambiguous situations where information is not readily available, this bias would increase the likelihood of blaming the provider. Empirical evidence of the self-serving bias in service failure is presented by Yen, Gwinner, and Su (2004). The authors found that users who participated highly in a failed service encounter are more likely to blame the provider than blame themselves.

According to the defensive attribution hypothesis (Salminen, 1992), individuals will defend themselves against the effects of adverse events by attributing blame externally. Salminen (1992) demonstrated the defensive attribution bias in an occupational setting. Using interviews of victims of serious workplace related incidents the author supported the study's original hypothesis that the victim will attribute blame to external factors. Furthermore, Burger (1981) found that individuals are more likely to attribute blame externally as the severity of the incident increases.

In an opposite fashion, users may be subject to an ego-centric bias (Ross & Sicoly, 1979). The ego-centric bias states that users exaggerate their role in the outcomes of social

interactions. In other words, users with an ego-centric bias believe they are overly responsible for service failures because they exert control over outcomes, even when this is largely not the case. Users who engage in interaction with a provider may believe they have more influence over the outcome of the event than they actually do.

In all, attribution is an important concept to service failure. A number of perceptual biases help explain the likelihood an individual will blame themselves or the provider, or perhaps some external cause. Furthermore, the social psychology literature has demonstrated that attributions of blame can influence emotions in service failures. The following section reviews this.

2.6 Emotions

Emotions have proven to be difficult to define. This is reflected in the variety of definitions which are offered across many bodies of literature. Even very recent literature suggests emotion research is still searching for a precise definition (e.g., Hanin, 2007). Rolls (2005) broadly defined emotions as states, which are elicited by stimuli. Parkinson (1994) established that emotions can be defined by citing examples of related items in an emotional category. Largely, these definitions remain ambiguous (Vallernad and Blanchard, 2000). Still, we do know that emotions are rapid in nature in that they occur quickly after appraisals of an event (Marsella & Gratch 2009; Westbrook & Oliver, 1991). Furthermore, emotions are different from moods, which tend to be more lasting, and typically do not center on a specific object or incident (Beedie, Terry, & Lane, 2005; Gardner, 1985). Finally, emotions are not directly observable but are internal states (Ashkanasy, Hartel, & Zerbe, 2000).

Many authors agree that there are a number of discrete categories of emotions. Scherer (1984) believed that emotions occur in a categorical fashion, but have a continuum within each category. That is, emotions fall in broad categories such as fear and anger, but also likely have continuous states, being higher or lower, such as anxiety and frustration, respectively. Roseman (1996) also agreed that emotions likely vary on a continuum, but are likely to have categorical boundaries.

A number of typologies suggest emotions have specific categorical labels. Plutchik (1980) created a wheel-type figure of emotions which consisted of eight basic forms of emotions, all with different sub-levels. Plutchik's (1980) conceptualization of emotions as a wheel is consistent with the dominant view that emotions are related but distinct categories, each which contain a continuum or different sub-levels. Parrott (2001) described a tree-like structure of emotions which consisted of six overarching emotions that had a number of sub-dimensions. For example, the category of fear can be further broken down into horror and nervousness, which contain shock, and anxiety, respectively. Consistent with these authors, we recognize that emotions occur in discrete categories, but likely vary in intensity along a continuum within those categories.

The use of emotion in the study of service failure is largely still emerging. For example, Smith and Bolton (2002) sought to study the direct and interaction effects of negative emotions and service recovery attributes on post-recovery satisfaction. The authors demonstrated through hypothetical scenarios across a number of contexts that emotions following service failure play a significant role in predicting post-recovery satisfaction. This study, however, did not address the role of emotions in predicting users' complaining

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behaviour. One study which does address the role of emotions in a complaining context is that presented by Gelbrich (2010). Gelbrich (2010) found that emotions can help predict complaining behaviours following service failure. However, Gelbrich (2010) includes only anger and frustration as predictors of complaining. There are a number of other important service-related emotions which could be used to predict complaining behaviours across a number of situations. In this light, the following section reviews emotions which likely play a significant part in understanding complaining as a coping mechanism. We also review the relationship between appraisals and emotion.

2.6.1 Anger and Frustration

Anger is a strong feeling of displeasure or hostility, accompanied by a desire to attack the source of anger. For Averill (1983), anger is the drive behind aggressive acts. This is consistent with Izard (2007) who notes that anger has the potential to influence action, likely aggressive action. In the service literature, authors have proposed that anger is the most dominant affective reaction to service failure (Kalamas et al. 2008). Maute and Dube (1999) demonstrated the dominance of anger following service failure in that anger can influence future user behaviours. Bonifield and Cole (2007) also illustrated ways in which anger can influence aggressive post-failure behaviours and also how anger can influence more helpful behaviours.

Additionally, authors argue that anger can manifest in lesser forms, such as frustration (Berkowitz & Harmon-Jones 2004; Laros & Steenkamp 2005; Richins 1997). Frustration is defined as a blockage of goal attainment (Anderson & Bushman, 2002). Therefore, frustration is an emotional response to the perceived failure of fulfilling one's goals (Scherer,

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2001). Service failures can be frustrating experiences (Laros & Steenkamp, 2005). For example, a user who has a ticket for an event but who misses the bus to the event and has no other way of getting there may be frustrated because they lack an ability to participate, despite a desire to do so.

2.6.2 Regret

Regret is defined as "a negative, cognitively determined emotion that we experience when realizing or imaging that our present situation would have been better, had we acted differently" (Zeelenberg, 1999, p. 6). Consistent with cognitive theories, Zeelenberg (1999) notes that regret is a cognition-based emotion. Regret requires retrospective evaluation in order to think about the choice one has made. Regret emerges when the internal review process yields a belief that the choice was a poor one. This is congruent with Kahneman and Miller's (1986) concept of counterfactual emotion. When users engage in counterfactual thinking, the process of comparing what actually happened to what could have been had different choices been made (Zeelenberg & Pieters, 2007), regret is a likely outcome.

Using an experimental design, Inman et al. (1977) found that regret emerged as the result of downward counterfactual thinking (i.e., thinking about how things could have gone better). Inman et al. (1977) manipulated participants' perceptions of choice in a lottery scenario. The authors determined that perceptions of the "missed" outcome had a significant influence on participants' assessment of the quality of their decisions. In the service literature, authors hold the position that service failure can evoke feelings of regret.

2.6.3 Guilt and Shame

According to Izard (1977), guilt is a basic evolutionary response to moral transgression. Mosher (1980) addressed guilt as a trait which influences self-punishment for failing to attain a moral standard. Thus, the central tenet around which guilt is conceptualized is the disconfirmation of morals (Harder & Greenwald, 1999). Individuals have morals which govern their beliefs of right and wrong. When an individual's actions contradict one's morals, guilt is the result.

Shame refers to an experience of lost respect or an experience of disproval from others (Harder & Greenwald, 1999). Like many other negative emotions, shame stems from a failed goal (Wicker, Payne, and Morgan 1983). In particular, Izard (1977) discusses that shame occurs when the individual perceives there to be negative judgment from others. Therefore, shame can be seen as a negative emotion resulting from negative self-assessments (Tangney, 1999).

2.6.4 Dissatisfaction

Dissatisfaction is not entirely an emotion; it is deeply rooted in both emotional and cognitive components. This is reflected in definitions of dissatisfaction as a summary of cognitive and emotional reactions to failure (Oliver, 1980). Oliver (1981) also adds that dissatisfaction is attitude-like, but better represents a more general evaluation of experiences. From this perspective, dissatisfaction has both emotional and cognitive antecedents.

Westbrook (1983) provided at the time the most in-depth discussion on this position. Westbrook noted that emotion is a complex phenomenon which represents a state of arousal resulting from a stimulus. Using Izard's (1977) differential emotions theory, Westbrook

(1983) revealed that positive emotions such as interest and excitement are highly correlated with satisfaction. Conversely, dissatisfaction also seems to have cognitive components. Early measures of dissatisfaction appeared to measure a cognitive, evaluative nature of dissatisfaction (Westbrook, 1983). This is consistent with literature arguing that satisfaction and dissatisfaction is less about a pleasurable or disagreeable experience and more about an evaluation that the service met certain standards (Cadotte, Woodruff, & Jenkins, 1987). In his analysis, Westbrook (1983) demonstrated that the disconfirmation-based measures of (dis)satisfaction showed considerably weaker relationships with the emotional factors than is the case with the more subjective attribute-level measures.

Recent research has demonstrated the relationships between emotions and dissatisfaction (Zeelenberg & Pieters, 2004) and between dissatisfaction and complaining (Singh & Wilkes, 1996; von der Heyde Fernandes & dos Santos, 2008) previous studies have not investigated that relative influence of dissatisfaction and negative emotions on complaining. Because dissatisfaction is partly emotional and partly cognitive in nature, it has the potential to display interesting effects on different coping behaviours, such as complaining.

2.7 Influence of Appraisals on Emotions

Service failures have the potential to evoke negative emotions which range from neutral to extremely negative (Berkowitz, 1993; Smith & Bolton, 2002; Weiss & Cropanzano, 1995), yet the research demonstrating specifically which emotions arise through different conditions of service failure is sparse. Service failure does not inherently evoke

negative emotions. Instead, evaluations of the event lead to negative emotions (Lazarus, 1991).This section looks at the possible relationships between appraisals and emotions.

2.7.1 Failure Severity and Emotions

Smith and Kirby (2009) argued that the more a situation has the potential to damage one's well-being, the more likely intense negative emotions will emerge. Furthermore, Bagozzi et al. (1999) note that "emotions arise in response to appraisals one makes for something of relevance to one's wellbeing" (p. 185). Additionally Pyszczynski, Hamilton, Greenberg, and Becker (1991) argued that discrepancies between standards and perceptions can create emotional distress. This seems to suggest that negative emotions are likely to become more prominent as the severity of the failure increases. Specifically, which emotions emerge as severity increases is less clear.

Anger will likely be higher as the severity of failure increases. Because failure severity is analogous to the size of the gap between desired goals and perceived states, failures create discrepancies of various sizes. According to discrepancy theories anger emerges when goals are not achieved. Because the users' desired goal is not achieved in failure, we would expect anger to be a likely outcome.

Similarly, frustration increases with failure severity. Kuppens and Van Mechelen (2007) argued that frustration was related to goal-importance. When important goals are inhibited, frustration is likely the result. In a service context, Goodwin and Ross (1992) speculated that failure to receive the core promise of the service would result in frustration.

While the relationship between failure severity and guilt and shame remains largely unexplored in the service context, other contexts may inform our understanding. We did not

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find any previous literature which supports the relationship between failure severity and guilt. We would expect that the level of guilt in enhanced as a function of failure severity. If users are likely to display guilt in a low failure severity situation, they would be more likely to feel guilt in a high failure situation.

With respect to shame, we expect shame to be higher when service failure severity is high. In the context of eating disorders, Hayaki, Friedman, and Brownell (2002) found that shame was high for bulimic patients with more severe symptoms than it was for those with less severe symptoms. In the context of sexual abuse, shame was higher for children who experienced severity abuse than it was for children who experienced less severe abuse. Together, these results suggest that shame is higher when the negativity associated with the event is high. Because failure severity is essentially an indicator of how negative the event was, we expect shame and failure severity to be positivity related.

It is largely accepted that dissatisfaction and service failure severity are related. Failure severity is, in part, a measure of the perceived gap between expectations and perceptions. So too is dissatisfaction a measure of the gap between desired levels, standards, or preconceived notions and the perceptions of current events. The expectancy-disconfirmation paradigm dictates that dissatisfaction will be higher as negative disconfirmation of expectations occurs (Bearden & Teel, 1983; Cronin & Taylor, 1992; Spreng & Chiou, 2002). As failure severity largely represents this gap, it is expected that failure severity is positively related to dissatisfaction.

However, not all failures lead to dissatisfaction (Kowalski, 1996). The literature demonstrates that users have a zone of tolerance for inferiority (Zeithaml et al., 1994; Zaugg,

2006) or a threshold for dissatisfaction (Kowalski, 1996; Tronvoll, 2012). The threshold concept suggests that users may be able to "withstand" a certain severity of failure without become dissatisfied. When users have a high threshold, only very severe failures would create dissatisfaction.

2.8 Attribution of Blame and Emotions

Theory suggests that users who believe they must suffer from a problem caused by the provider will be angry at the provider (Roseman, 1984; Smith & Ellsworth, 1985). Folkes (1984) also demonstrated that users who blame the firm for service related issues tend to be angrier than users who do not blame the firm. Furthermore, Averill (1983) argued that anger occurs when users believe failure is a result of an outcome controlled by others. Weiner (1985), too, believed anger is associated with external blame. Smith and Lazarus (1993) believed that core theme of anger is other-blame.

In an experiment, Smith et al. (1993) found that blaming an offending party and anger towards that party were significantly related. These results suggest that users will likely be angrier when they attribute blame towards the provider than when they attribute blame to themselves. Similarly, attributions of blame can influence frustration. Frustration likely is higher for those users who blame the provider. Experiences beyond the users' control create a desire to do better, yet the desire is inhibited by an inability to do so. Specifically, users' willingness and preparedness to succeed which is inhibited by the provider's action creates frustration. This is consistent with Smith (1992) who discussed that frustration arises from thoughts of others' inferiority. When others are seen as unworthy or inferior in some way, frustration may arise. In service failure, frustration likely arises when users blame the

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provider and the mechanism which explains this is the perceived inferiority or incompetence of the provider.

Guilt as an emotion is likely more related to attribution of blame, and failure severity may enhance or inhibit guilt as a moderated of the relationship. When individuals blame themselves for adverse events, they likely feel guilty. For example, in one study, Lutwak, Panish, & Ferrari (2003) found that blaming the self was positively correlated with guilt whereas blaming others was negatively associated with guilt. As failure increases, those who blame themselves experience more guilt. This is consistent with the discussion forwarded by both Izard (1977) and Mosher (1980) which describes guilt as a negative affective experience of self-blame, and self-punishment (Izard, 1977; Mosher 1980).

Shame might be high in all failure situations, yet is likely highest when the user blames themselves for the failure and when the failure is perceived to be severe. Lewis (1971) revealed that shame is reflexive. That is, shame occurs when the individual sees themselves as being at fault, which in turn negative affects their self-concept. Attacks against the self-concept make the individual feel "small" (Tagney, Miller, Flicker, & Barlow, 1996, p. 1257). Lutwak, Panish, and Ferrari (2003) provide empirical evidence for the relationship between shame and self-blame in a report which details the correlational relationship between self-blame and shame as being both positive and significant.

Self-blame is a major component of regret. The more responsible a user feels towards service failure, the more regret is likely to emerge (Zeelenberg et al., 1998). Smith and Ellsworth (1985) demonstrated that regret is enhanced when individuals blame themselves for negative events. van Dijk, van der Pligt, and Zeelenberg (1999) also demonstrated that

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regret emerges when individuals perceive that the quality of decisions made in their control is poor. As the level of responsibility rises and when a poor decision is made, regret is quite likely (Sugden, 1985). This is consistent with reports that regret is higher when poor decisions are made in highly controllable decisions versus uncontrollable ones (Gilovich & Medvec 1994).

2.9 Coping and General Coping Strategies

Lazarus and Folkman (1984) defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). From this perspective, coping is a process of restoring positive states from negative ones. The central function of coping is "the reduction of tension and the restoration of equilibrium" (Hagemann, 1992, p. 61).

In general, two overarching types of coping have been outlined (Folkman & Lazarus, 1984; Hagemann, 1992). Emotion focused coping describes a process in which individuals address emotions experienced in a negative situation. Emotion focused coping strategies tend to involve adjusting to the situation or rethinking the situation so it aligns more consistently with one's goals (Smith & Kirby, 2009). Problem focused coping describes a process in which individuals address the core problem which is likely the cause of the negative emotions. Problem focused coping means changing a situation so it becomes more congruent with one's goals (Smith & Kirby, 2009). Problem-based coping is associated with direct actions to resolve the situation (Folkman and Lazarus, 1988).

Multiple coping strategies that fall somewhere under the umbrellas from emotion-focused and problem-focused emerge from the coping literature. For example, multiple

sources confirm that individuals in a process of coping use social networks for help (Leymann & Lindell, 1992). When individuals become hurt or feel victimized, they seek information, companionship, and emotional support (Kowalski, 1996). They can reach these ends through social support.

In many cases, individuals wish to talk about negative experiences. In a trauma context, Norris, Friedman, and Watson (2002) noted that victims benefit from discussing traumatizing experiences. Nolen-Hoeksema and Davis (1999) postulate that trauma victims seek social support to reaffirm the appropriateness of their actions. In other cases, individuals use social support as an emotional crutch. Speaking with others about negative experiences and having others listen helps facilitate positive feelings (Kowalski, 1996).

Individuals can use social support to better understand their own experiences. In this sense, speaking with others acts as a method for social comparison through which individuals garner feedback such as advice and information from others. Following social comparison, it is possible that individuals re-frame their experiences in order to restore positive psychological states (Greenberg & Ruback, 1992). Furthermore, information seeking can inform an individual's future behaviour (Greenberg and Ruback (1992).

Individuals also vent to cope. Venting is defined as a release of pent-up negative emotions (Kowalski, 1996). Venting of negative emotions allows for a release of stress and addressed feelings of distress or dissatisfaction (Nyer, 2000). The goal of venting is to release negative emotions in order to feel better (Kolodinsky & Aleong, 1990; Kowalski, 1996; Richins, 1980). Finally, individuals may wish to confront the person or situation associated

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with the problem head-on. That is, confrontation as a coping strategy means engaging with a specific target. This will be discussed at length in the paper.

Finally, it is well documented that individuals may develop maladaptive avoidance strategies to cope with adverse events. Avoidance coping, or escape coping typically involves avoiding engagement with the specific stressor causing the negative emotions (Lazarus & Folkman, 1984). Typically, avoidance coping manifests as either cognitive or behavioural avoidance (Tiet, Rosen, Cavella, Moos, Finney, & Yesavage, 2006). Behavioural avoidance means removing oneself from a negative situation. Cognitive avoidance involves a number of actions which could include refusing to think about the even, cognitive reappraisal, or suppression of negative thoughts.

In summary, the coping literature outlines a number of ways in which individuals can cope with adverse events. The descriptions presented above do not represent an exhaustive list of coping strategies. Instead, this list serves to demonstrate that multiple strategies are apparent and can be used simultaneously be an individual. The following section discusses how these coping strategies manifest in user complaining behaviour following service failures.

2.10 Emotions as Predictors of Coping Strategies

It is well regarded that emotions are a primary source of human motivation (Izard, 1977; Kuhl, 1986; Mosher, 1980; Tomkins, 1962). Emotions play a vital role in influencing the way individuals act (Frijda 1986; Hanin 2000; Weiner 1977). Indeed, Izard (1993) proposed that emotions and motivation are closely related concepts because emotions focus

attention towards immediate needs. This position dates to Weiner (1977) and Lazarus (1991) who each believed that specific emotions were related to distinct motives.

Coping theories predict that the negative emotions elicited in failures trigger coping strategies such as expression of those emotions and actively dealing with the problem (Duhachek 2005). Negative emotions can be used to rationalize users' behaviours, such as aggressive complaining, following service failures (Bolton et al., 2003; Menon & Dube, 2007). This is the case because negative emotions which emerge influence individuals to take action towards reducing emotional stress (Duhachek 2005; Lazarus 1991).

In this section, we justify that each emotion exhibits drive characteristics towards coping behaviours. W proposed that the strength and type of emotional response to service failure helps predict the specific coping strategy which is chosen by the user.

2.10.1 Specific Emotions and Coping

Anger, is a powerful negative emotion which can trigger coping behaviours. Coping theory (Lazarus and Folkman 1984) states that angry individuals may complain to restore emotional balance. Anger may also increase the likelihood of support seeking behaviours (Duhacheck, 2005). Anger also likely encourages a desire to vent about negative experiences (Kowalski, 1996). Research in psychology, for example, indicates that releasing negative emotions can help to decrease anger. Because anger heightens expressive tendencies (Bonifield & Cole 2007; Kalamas, Laroche, and Makdessian 2008), it likely encourages expressive venting behaviours (Strizhakova, Tsarenko, Ruth, 2012). Anger can also increase the likelihood of confrontational coping strategies (Gelbrich 2010; Gregoire and Fisher 2008). Because authors have discussed frustration on the same continuum or in the same

emotional category as anger, we may expect a similar pattern of coping behaviours for those users who experience frustration.

When users experience regret, they may engage in problem-solving behaviours. This is the case because those who experience high levels of regret likely wish they could undo the choices they made (Bonifield & Cole, 2007). This focus on problem-solving to cope with regret may in turn decrease the likelihood of retaliatory behaviours.

Guilt can also exhibit an influence of coping. According to Izard (1977) people will go to great lengths to release themselves from feelings of guilt and to restore their self-image. Because guilt stems from discrepancies against one's moral standpoint, those who feel guilt may cope by rationalizing behaviours, justifying actions, or vent emotions. Authors note that guilt triggers a deep desire to make right the situation (Izard 1977; Ghingold 1981). Therefore, we may also expect that users who experience guilt are highly motivated to engage in problem-focused coping behaviours.

Previous authors have demonstrated that feelings of shame are associated with certain behaviours. First, users who experience shame may adopt an avoidance strategy (Harder and Lewis, 1986). That is, rather than address the issue, those who experience shame may altogether disappear. Individuals who are prone to shame are more likely to shy away from confrontation (Mattila & Wirtz, 2004). Conversely, shame may also be related to more aggressive coping strategies (Tangney, 1990; Tangney et al., 1992). Those who feel shame may lash out at others to cope with their emotions

2.10.2 Dissatisfaction and Coping

Within the coping literature, there is some evidence that dissatisfaction influences coping strategies. As dissatisfaction increases, the likelihood that a coping strategy will be developed also increases. In the context of job dissatisfaction, Matud (2004) found that work role dissatisfaction significantly increased coping behaviours. Hoekstra-weebers, Jaspers, Kamps, & Klip (1998) found that marital dissatisfaction emerged from stressful events surrounding a child's health complications. For parents of pediatric cancer patients, marital dissatisfaction influenced coping strategies. For fathers, marital dissatisfaction was highly related to emotion-focused coping. This trend was less pronounced for mothers, and less pronounced for both groups with problem-focused coping. Finally, Gagnon-Girouard, Gagnon, Begin, Provencher, Trembaly, Boivin, and Lemieux (2010) studied dissatisfaction with relationships and its effect on different eating-related coping strategies. Results indicated that individuals who were dissatisfied with their relationship were more prone to develop distraction-related coping strategies such as disordered eating.

2.11 Complaining as a Coping Mechanism

Previous literature has conceptualized complaining as a coping mechanism. In general, the literature on complaining as coping conforms to the problem-focused and emotion-focused model. Dependent on the general problem or emotion focus, certain complaining behaviours will likely emerge. We discuss two problem-focused behaviours (problem-solving voice and support seeking word-of-mouth) and two emotion-focused behaviours (vindictive voice and vindictive word-of-mouth). Although we treat these

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strategies as distinct, each is likely related. This is consistent with Duhache (2005) who notes

that multiple strategies can be employed at any one time.

This section first provides a definition and an overview of complaining behaviour.

Next, this section conceptualizes complaining as a coping strategy. Specifically, following

Gelbrich (2010) four complaining behaviours are proposed as coping behaviours.

2.11.1 Definitions of Complaining Behaviour

Complaint behaviour is referenced under a number of terms, including user complaint

responses (Singh & Wilkes, 1996) and user complaint behaviours (Davidow & Dacin, 1997;

Stephens & Gwinner, 1998). Understanding complaints is crucial to the success of service

providers, yet the body of literature regarding this topic is still largely emerging. Arguably,

the complaint literature has developed within the broader fields of marketing and user

behaviours since the early 1970s (see Hirschman, 1970).

Definitions surrounding complaining have largely focused on expressions of

dissatisfaction. In an early work, Jacoby and Jaccard (1981) defined a complaint as "[. . .] an

action taken by an individual which involves communicating something negative regarding a

product or service either to the firm manufacturing or marketing that product or service or to

some third-party organizational entity" (p. 6). Heinemann and Traverso (2009) add that "to

complain means to express feelings of discontent about some state of affairs, for which

responsibility can be attributed to 'someone' (to some person, organization or the like)" (p.

2381). Perhaps it was Crie (2003) who puts it most succinctly when describing complaints as

an "explicit expression of dissatisfaction" (p.60). These definitions reflect a comparison

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between what was expected and what was perceived. Discontent (typically with the provider) results and users then report this discontent to others.

An emerging body of literature outlines a number of other user responses to dissatisfaction. For example, Tronvoll (2012) reviewed a typology of behaviours surrounding aggression and retaliation. This is consistent with Heskett et al. (1994) who argued dissatisfied customers may become "terrorists" in that they intentionally damage the provider in some way. These behaviours, however, are beyond the scope of this study. Here, we focus only on verbal expression of dissatisfaction. Specifically, we look at voice and negative word-of-mouth.

2.11.2 Voice

Complaints directed towards the provider are called voice responses (Singh, 1990). These can be either online (i.e., social media, email) offline (i.e., face-to-face). Hirschman (1970) first described voice response (i.e., complaint to the provider) as "an attempt to change, rather than escape from, an objectionable state of affairs […]" (p. 30). This frames complaints to the provider as a proactive approach to addressing the dissatisfaction associated with service failures. This notion was later echoed by Ferguson and Johnston (2011) who note that complaining may stem from users' "[…] desire to change the undesirable situation and to seek satisfaction" (p. 119).

2.11.3 Negative Word-of-mouth (nWOM)

Studies show a majority of users do not complain to the provider (Best & Andreasen, 1977; Stephens & Gwinner, 1998). Research indicates that users are more likely to complain to friends and family. Complaints directed towards friends and family are called negative

word-of-mouth (nWOM). Richins (1983) first described nWOM as "telling others about the unsatisfactory product or [supplier]" (p. 68). Examples of NWOM include posting information about the negative service experience on a friends' social media profile or meeting up with friends to share one's experience. Research indicates dissatisfied users will tell over ten acquaintances about problems with the product or service (Richins, 1997). As Tronvoll (2012) notes "there is a growing recognition that users who have experienced unfavourable service experiences can become exceedingly active in their complaining behavior" (p. 296). Particularly in a society characterized by online communication, users talk about their service experiences over a variety of channels (Wetzer, Zeelenberg, & Pieters, 2007).

Negative word-of-mouth is damaging to the provider because potential users perceive it to be credible and trustworthy. Users rely heavily on trusted interpersonal sources of information to form opinions about the service (Gremler and Brown, 1999; Gremler et al., 2001). Accordingly, studies show that interpersonal sources greatly influence potential users' decisions to patronize the service (Keaveney, 1995; Sundaram & Webster, 1999). Furthermore, negative information can have a far greater effect on potential users' decisions than can positive information (Lee, Park, & Han, 2008).

2.11.4 Complaining as Problem-focused Coping

Failures create feelings of loss (Weun et al., 2004). Similarly, failures can create goal incongruence (Beverland, Kates, Lindgreen, & Chung, 2010). According to Lazarus (1991b) goal incongruence is the extent to which an event fails to meet the users' desires. In a service context, failure is incongruent with the goals of receiving good service, or the outcome of

that service. For example, the goal of an individual waiting for a bus might be to travel in a timely manner and arrive at a destination on time. If the bus is late, this event creates goal incongruence.

To cope with this loss, users' complaining processes tend to involve problem focused coping strategies (Gelbrich, 2010). In order to recoup losses, users may complain to the provider. Complaining, then, initiates a process of problem solving (Gregoire & Fisher, 2008). Users who complain are attempting to address the core issue at hand (Duhachek, 2005). Prior research has identified redress seeking as an important reason why people complain (Blodgett et al., 1997).

2.11.4.1 Problem-focused Voice

The literature suggests that complaints can be used to elicit a response from the provider (Kowalski, 1996). Users are more likely to search for this response when they believe complaining is instrumental in the resolve. From this perspective, complaining follows a rational model (Folkes et al., 1987). This is consistent with expectancy theories which suggest that goal-directed behaviours such as problem focused complaining are subject to a rational analysis of benefits and perceived costs (Eccles & Wigfield, 2002). Users will consider the positive outcomes of complaining against the possible negative side effects.

2.11.4.2 Support Seeking Complaining

Complaining may be used to seek social support from other users through negative word-of-mouth. Support-seeking nWOM means that customers talk to others in their

environment about service failures and ask for empathy and understanding (Yi &

Baumgartner 2004; Stephens & Gwinner 1998).

We argue that this is the case from two perspectives. First, users use NWOM to

reflect on their own experiences from others. According to self-discrepancy theory (Higgins,

Klein, & Strauman, 1985), failure creates a discrepancy between the current self and desired

self. Users compare their state of affairs (i.e., experience in the service failure) to an

internalized standard, called the self-guide. When the standard and perception contradict each

other, there is a self-discrepancy.

Complaining facilitates a display of the self (Jones & Pittman, 1982). In support of

this position is Leary and colleagues (Leary, 1995; Leary & Kowalski, 1990) who suggested

that individuals will tailor the content of their complaints to the intended audience in order to

display different aspects of the self. In turn, this display of the self allows users to reflect

upon their self-discrepancy.

According to Cooley (1902), individuals use each other to gain accurate self-

depictions. Cooley (1902) described this notion as the looking glass self. According to this

concept, users complain to others as a way of learning more about themselves. That is,

complainers can address their self-discrepancy through negative word-of-mouth. This notion

was later echoed in Festinger's (1954) social comparison theory, which posits that there is a

drive within individuals to obtain an accurate self-evaluation. When users complain to others,

they are able to share their experiences and elicit feedback on those experiences from others

(Kowalski, 1996). Users use one another as a comparison tool, seeking support from one

another to reinforce or compare opinions of the service (Kowalski, 1996). In turn, the self-

reflection and dialogue of insights offered through this form of complaining may be associated with improved outcomes (Kosmicki & Glickhauf-Hughes, 1997; Yalom & Leszcz, 2005).

From a second perspective, negative word-of-mouth as a form of social comparison facilitates the release of negative emotions. It has been well established that failures evoke negative emotions (Smith & Bolton, 2002). Users look to cope with these negative emotions. According to social support theory, users who attempt to cope with stressful situations may engage others as a resource (Albrecht and Adelman 1984). The literature on coping describes this type of social support seeking as emotional support seeking (Duhachek 2005). As a result, complaining may become more likely. This is the case because complaining facilitates the sharing of negative experiences (Emerson & Messinger, 1977).

Several studies demonstrate that support seeking is likely when the negative emotions which are present stem from self-blame (Menon and Dubé 2007; Yi and Baumgartner 2004). One possible explanation for this pattern is that users who believe providers are not at fault are unlikely to approach them to solve the problem (Menon and Dubé 2007).

2.11.5 Complaining as Emotion-focused Coping

Authors also note that many complaining strategies tend to focus on emotions. Whereas problem-focused coping strategies focus directly on causes of the emotions, emotion-focused coping addresses the emotions which emerge in an attempt to manipulate them (e.g., change them or reduce them). Unfortunately, the literature demonstrates that emotion-focused coping tends to associate with maladaptive coping outcomes (Coyne & Racioppo, 2000) This is consistent with the traditional perspective that intense emotions can

elicit dysfunctional behaviours (Averill, 1990). This section reviews two different emotion-focused complaining coping strategies outlined originally by Gelbrich (2010).

2.11.5.1 Vindictive Voice

Vindictive complaints can be seen as attacks towards the service provider. In other words, vindictive complaints are a form of retaliation against the provider. Whereas problem-solving voice focuses on a participatory process of fixing the problem, vindictive voice is much more aggressive in nature. Users who engage in vindictive complaining wish to "get even" with the provider. This is consistent with numerous reports summarized by Heskett et al. (1994) which suggest that users will intentionally harm, damage or otherwise terrorize the provider following service failures. Indeed, vindictive complaining is likely a coping mechanism for powerful negative emotions which allow the user to rationalize retaliatory or aggressive behaviours (Bolton et al., 2003; Menon & Dube, 2007).

According to catharsis theory, users are motivated to complain to the provider as a means of reducing emotional discomfort associated with these emotions (Bushman, 2002; Kowalski, 1996). These actions are often unrehearsed and emerge spontaneously. That is, unlikely a more logical problem-solving approach, vindictive complaints may emerge through a desire to decrease negative emotions in order to change one's intrapsychic state (Kowalski, 1996).

2.11.5.2 Vindictive nWOM

Users also complain to friends and family in order to "get even" with the provider. Given the reach of nWOM across many platforms, users likely realize the potential influence their negative information about a service experience can have on the provider. Emotional

expressions can modify other's behaviours (Keltner & Haidt, 2001). When users share their negative experiences with others they are in a way purposefully persuading others to not use that service. As a result, users may perceive their vindictive nWOM behaviour as getting even with the provider. According to justice theory, "getting even", or getting "what is deserved" may reduce negative states such as negative emotions and may increase users' satisfaction (Smith & Bolton, 2002).

From a second perspective, vindictive nWOM may function as an affect-controlling strategy. Complaining helps achieve catharsis. In the service literature, catharsis is defined as "a spontaneous, intense emotional expression of self […]" (Fuhriman, Drescher, Hanson, Henrie, & Rybicki, 1986, p.189). Through complaining, users can release the negative emotions associated with experiences of failure (Kowalski, 1996). Wetzer, Zeelenberg, and Peiters (2007) suggested that customers who wish to vent about anger or frustration likely complain to friends and family. Furthermore, Mattila and Wirtz (2004) report those customers motivated to vent frustrations were more likely to engage in remote channels, such as blog sites or social media. This may be the case because venting tends to be viewed with negative connotation. As a result, user may wish to remain anonymous to the provider and instead complain in a more familiar social circle.

2.12 Interactionist Approach to Understanding User Complaining

Within social psychology, there remains an ongoing debate over the relative influence of personal characteristics and situational conditions on human behaviour. There remain two schools of thought on the matter. First, psychologists who subscribe to trait theory believe that relatively stable traits influence behaviours across most situations (e.g., Allport, 1960).

Second, psychologists who side with situationism believe that stable traits do not exist and that behaviour is largely dependent on external, situational conditions (e.g., Mischel, 1968; Milgram, 1963).

According to trait theorists, personality traits can predict behaviours. The foremost argument presented by trait theorists is that traits do indeed exist. Very early research by Allport and Odbert (1936) revealed that there are thousands of words which describe personality. This suggested that personalities were complex, and had multiple facets. Trait researchers later argued that these traits could be parsed, measured, and categorized systematically. Research in the mid-1980s revealed that correlations between traits and behaviours tend to fall between .30 and .40 (Funder & Ozer, 1983). Moreover, Epstein and O'Brien (1985) found that correlations for time-aggregated behaviours and traits also tend to be quite high.

According to situationist researchers, personality traits do not predict situation-specific behaviours. For example, Mischel (1968), in an influential piece, illustrated that the statistical relationships between personality traits and behaviours tend to be quite poor. In many fields of psychology, this correlation would mean only modest predictive power of personality on behaviour. Furthermore, Roberts (2009) argued that behaviours tend to vary across even relatively stable situations. This seems to suggest that variability in behaviours rely more so on the conditions of the situation in which one finds oneself, not on the underlying traits of the individual. The position that traits neither validly predict behaviours nor show consistent results across situations has been reported in numerous cases in the social psychology literature (e.g., Funder, 2010; McCrae, 2002)

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As a result of the apparent discrepancies between trait and situational perspectives, the interactionism perspective has been developed. From this perspective, personality and situation interact to predict behaviour (Buss, 1979). Specifically, the 1990s seem to be the beginning of the growth of interactionism (Mendoza-Denton, Ayduk, Mschel, Shoda, & Testa, 2001), which is now a dominant perspective in social psychology. The literature conceptualizes behaviour as a function of personal and situation interactions (Mischel & Shoda, 1995, 1998, 1999; Shoda, Mischel, & Wright, 1993, 1994). This means that relatively stable traits interact with situation-specific variables to influence behaviours.

As it applies to this study, the interactionist approach lends itself well to understanding coping behaviours. According to cognitive dissonance theory (Festinger, 1957), failure to act in a way which is consistent with one's self-concept creates dissonance. This suggests that users will be motivated to follow a course of action which is consistent with their overall personality,, attitudes, schema, and beliefs. To act against one's self concept would lead to cognitive dissonance. Dissonance happens when people do things which are not consistent with attitudes or beliefs. A conflict amongst attitudes and behaviours motivates a change in either attitude or behaviour. Therefore, inconsistencies between underlying dispositions and situational drivers such as emotions encourage certain coping (e.g., complaining) behaviours.

This section discusses outlines the role of disposition in the interactionist model. Specifically, we look at the role of attitudes and personality traits as dispositions which influence user complaining behaviours.

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2.12.1 Disposition

Disposition refers to the tendency for an individual to act in a certain way (Buss & Craik, 1980). Dispositions consist of a relatively stable set of characteristics. In this section, we discuss two types of dispositions: global social attitudes, and personality traits. Global social attitudes are evidenced by the consistent response social objects. In a sense, social attitudes are the overarching mental states which arise from experience and which influence action towards a social object (Allport, 1935). Here, we follow the extensive discussion forwarded by Richins (1982) which outlines three generalized attitues towards complaining: norms, worthwhileness, and societal benefit. Additionally, we follow trait teory to explore the relationships between traits and complaining behaviour. Specifically, locus of control and behavioural avoidance are included because they have not been discussed in this fashion before yet remain prominent constructs in coping literature.

2.12.1.1 Attitudes towards Complaining

Allport (1935) originally described attitude as "the most distinctive and indispensable concept in contemporary social psychology" (p. 789). Eagly and Chaiken (1998) defined attitude as "a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor" (p. 269). More recently, Ajzen (2001) described attitude more distinctly as a measure of favourability

To better understand these relationships, we look at attitudes towards complaining, which Richins 91982) defined as general dispositional attitudes towards the act of complaining. In line with previous research on complaining attitudes and Ajzen's (1985, 1991) development of the theory of planned behaviour, we investigate the direct effects

between subjective complaining norms, the worthwhileness of complaining to the provider, and societal benefit of complaining, and, consistent with the interactionist paradigm, the possible moderating effects of attitudes on the emotion-complaining relationship.

2.12.1.1.1 Norms of Complaining

Societal norms refers to the belief that complaining is a socially appropriate behaviour. Bearden and Teel (1980) discovered that individuals hold different beliefs about the norms of complaining. Through qualitative inquiry, Richins (1982) found many users were concerned whether or not complaining was a socially appropriate behaviour.

According to the theories of reasoned action (Fishbein & Ajzen, 1975) and planned behaviour (Ajzen, 1985, 1987, 1991), behaviours are governed by perceptions of social norms. Social influence from various social groups can greatly influence behaviours. These theories suggest that peer groups, family members, friends, and coworkers influence behaviours.

When users feel complaining is a socially appropriate behaviour, they are more likely to complain (Halstead and Droge, 1991). Because complaining often has negative connotations (Sperduto, Calhoun, & Ciminero, 1978), people can look unfavourably on complaints (Coyne, Burchill, & Stiles, 1991; Richins, 1980). This means complaining is hindered by a fear that others will look unfavourably on the complainer. As Snyder and Smith (1986) note, it is less risky for someone to refrain from complaining than it is for them to complain and be seen as unintelligent or rude. Consequently, those who disagree that complaining is a social norm may be more likely to refrain from complaining. Richins (1983)

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found empirical support that societal norms represent a distinct factor of attitudes towards complaining, which predicts both voice and negative word-of-mouth behaviour.

2.12.1.1.2 Worthwhileness of Complaining

In Richins' (1982) investigation of attitudes towards complaining, worthwhileness was treated as a global attitude. Richins (1982) followed the tradition of Lundstrom and Lamont (1976), Rossiter (1977), and Bearden and Teel (1980) in treating worthwhileness of complaining as a global attitude, or belief. Therefore, we treat worthwhileness of complaining as an overall belief that complaining to the provider generally results in positive results.

Recently, Ajzen and Fishbein (2008) emphasized the importance of perceived likelihood that an action will result in an expected outcome. Behaviours are unlikely when individuals believe the likelihood of positive outcomes is low. Humans make decisions with limited resources (Simon, 1991) and instead make heuristic judgments about the worthwhileness of behaviours, Cost benefit and utility theories also note that behaviours are more likely when perceptions of their worthwhileness is high.

In the context of complaining, Kowalski (1996) noted that worthwhileness is likely associated with complaining. According to Richins (1982), users who believe complaining to the provider will result in benefits are more likely to complain to the provider. Multiple studies have confirmed that complaining is unlikely when the perceived worthwhileness of the complaint is low (Zaugg, 2006).

2.12.1.1.3 Societal Benefit of Complaining

Societal benefit refers to the extent to which complaining will result in positive outcomes for fellow users. Particularly, societal benefits are users' perceptions that complaining will benefit other users of the service. In Richins (1982) investigation of users' attitudes toward complaining, it was determined through qualitative inquiry that societal benefits were an important predictor of complaining. Users may share the perspective that enough complaints towards the provider will enhance the quality of a product or service, and thus feel complaints are beneficial.

From this perspective, complaining is an altruistic behaviour. Altruism has been found to explain individuals' efforts to warn others about poor service (Chelminski & Coulter, 2011). Additionally, altruism has been linked with increased likelihood of complaints (Spark & Browning, 2010). Complaining can help warn existing customers or other stakeholders about the unfavourable service experience created during the service provision (Tronvoll, 2012). In line with this logic, positive attitudes towards societal benefit are expected to increase complaining behaviour

2.12.1.2 Personality

According to the American Psychological Association's *Encyclopedia of Psychology*, personality refers to the relatively characteristic pattern of thinking, feeling, and behaving (Kazdin, 2000). One's personality is an overarching description of their characteristics which describes differences between individuals and also possible predicts behaviours. Harre (1998) makes the distinction between these two functions of personality research. The first is to classify constructs in taxonomies. We can, for example, say that extrovert and introvert personalities belong on the same continuum. This, however, does little to describe what those

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personalities actually mean. Therefore, the second function of personality research is to understand personalities be looking at associations between these constructs and behaviours or feelings exhibited by those who hold them.

In this study, we follow in the way of the interactionist paradigm to suggest that personality traits have the potential to modulate the relationship between emotion and behaviour (i.e., complaining). Though possibility thousands of personality traits have been discussed across bodies of literature, we wish to discuss two which appear to frequent the coping and consumer behaviour literature. First, locus of control (Rotter, 1945) refers to an individual's beliefs that the events in which they find themselves are either controlled internally, or by external pressures. Second, behavioural avoidance has been proposed as trait which influences individuals to develop maladaptive, avoidance coping strategies. We propose ways in which these traits might moderate the relationship between emotions and coping strategies.

2.12.1.2.1 Locus of Control

According to Rotter (1990), locus of control refers to the extent to which individuals believe that they can control events in their lives. Users' locus of control can be either internal or external. Internal locus means a general sense of being in control over one's life and course of events. External locus means a general sense that the events and outcomes of events in one's life are controlled by an external source.

According to Kowalski (1996), users with internal locus of control tend to develop active, problem-solving approaches when they experience failure (Kowalski, 1996).

Additionally, those with an internal locus of control are able to formulate goals (Thompson, 1991), and will more likely believe that complaining facilitates those goals.

By this reasoning, those with a high (i.e., internal) locus of control would be expected to engage in problem-solving complaining. This is analogous with reports that those with an external locus of controls report low feelings of control (Burns & Seligman, 1991). If users do not believe they can control the outcomes of complaining to the provider, they are unlikely to believe complaining will resort will positive outcomes. In turn, lower expectancies for success would be associated with lower probabilities of complaining. Furthermore, external locus of control has also been found to be correlated with avoidance (Ralph, Merralls, Hart, Porter, & Su-Neo, 1995). This notion seems to suggest that those low in locus of control would be less likely to complain to a provider. Instead, they would be more likely to avoid conflict and uncertain situations and rather exit the relationship without complaining.

We propose that locus of control likely moderates the relationship between situational variables and complaining behaviours. In light of a paucity of research which addresses the moderating role of locus of control for the relationship between emotions and complaining in a service failure context, we are hesitant to develop a thorough hypothesis for this situation. However, previous research can inform speculation. In one study of the relationship between frustration and behavioural reactions in an organizational context, Strom and Spector (1987) found that locus of control did moderate the relationship between emotion and action. The authors report that individuals with an external locus of control were more likely to respond to frustration in maladaptive ways, such as aggression, sabotage, and withdrawal. Berry

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(2013) found that locus of control did interact with a dichotomous "tense/not tense" variable to influence complaining. Following these results, we would also predict that both anger and frustration influence problem-solving complaining but and are moderated by locus of control. Moreover, those with an external locus of control likely feel as though problem-solving complaints do not lead to positive outcomes and are therefore less likely to complain, whereas those with an internal locus of control would be more likely to direct their anger and complaints to the provider because it will lead to positive outcomes. Those with an internal locus would be more likely to complain.

2.12.1.2.2 Behavioural Avoidance

Individuals differ in their tendency to avoid conflicts. Avoidance generally means avoiding problems which the individual recognizes as important. Avoidance personality manifests in avoidance tactics, coping strategies or trends. That is, those with avoidance personalities are less likely to address problems head-on and are more likely to avoid dealing with them entirely.

According to Gray (1970), the behavioural inhibition system is a key driver of avoidance behaviours. When exposed to a negative stimulus, individuals high in avoidance are more likely to be sensitive to the situation. Those high in avoidance would be more likely to avoid these adverse situations to prevent negative emotions from continuing.

Following the work of Gray (1970, Carver and White (1994) conducted a substantive review of the literature on avoidance and behavioural regulation. The authors then developed the behavioural inhibition scale (BIS). Carver and White (1994) proposed that the behavioural avoidance system regulates motives to move away from something unpleasant.

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The authors argued that those high in behavioural avoidance would be more likely to avoid negatively valenced behaviours and would more likely experience negative affect in the anticipation of adverse events. In other words, those high in avoidance would be likely to engage in behaviours if they perceive the possibility for adverse outcomes such as failure or conflict.

To test Gray's (1970) theory and their newly developed scale, Carver and White (1994) developed a experiment with undergraduate students. In their experiment, students were given a pain inducing stimuli. In one condition, students were told they would receive the same stimuli again shortly. In another condition, students were told they would receive a reward. Those participants who were high in avoidance and who perceived a negative outcome to be eminent were much more likely to experience negative outcomes such as nervousness. This suggests that those high in avoidance would be more likely to develop a coping strategy, such as avoidance, for dealing with negative emotions, while those lower in avoidance might

In the health literature, authors note that avoidance tends to manifest in such behaviours as staying at home when the option to leave is available (Hagemann, 1992). Furthermore, authors note that avoidance can lead to maladaptive coping strategies such as or using alcohol and drugs as a form of escape (Everly et al., 2000; Hagemann, 1992). Health researchers note that avoidance is generally an ineffective way of coping with problems.

In the context of complaining, these results suggest that those users who have a tendency toward s avoidance would be less likely to complain. Consistent with Carver and White's (1994) theory, those users faced with undesirable stimuli (e.g., service failure) would

be less likely to engage in the situation. Instead, these individuals are more likely to avoid confrontation and avoid the possibility of further negative emotional states through conflict with others.

Little research in the service domain has addressed the relationship between avoidance and complaining. In an earlier study by Chiu, Tsang, and Yang (1987), students in Hong Kong who received a defective drink from a drink machine and were informed they could confront a store owner in order to fix the issue were considerably less likely to do so compared to a group which could simply get a new drink from a different machine for free. This implies that some users have a tendency to avoid confrontation with the provider.

According to research on a related concept, embarrassability, users who are embarrassed in social situations are unlikely to complain to the provider (Miller, 1986; Modigliani, 1968; Richins, 1980). This is likely the case because complaining can create anxiety for the user (Leary & Kowalski, 1995; Schlenker & Leary, 1982). In all, those users who high a have tendency to avoid ambiguous and confrontational situations are unlikely to complain.

2.13 The Role of Demographics in User Complaining Behaviour

Market researchers often use socio-demographic variables (i.e., age, sex) as descriptors of market segments. The relationship between these variables and complaint behaviours has been investigated previously, yet results vary across studies. Furthermore, the use of demographic variables tent to be used in correlational analyses and do not involve a deep theoretical backing. Consistent with previous research, we discuss demographics only for control purposes.

Authors have debated the relationship between age and complaining. Kowalski (1996) believes older individuals are more likely to complain. Especially in the case of health-related matters, empirical evidence supports this claim (Costa and McCrae, 1980b). Conversely, authors have found an inverse relationship between age and complaining (Bernhardt, 1981; Gronhaug & Zaltman, 1981). Young adults tend to complain more than older ones (Day & Landon, 1977; Singh, 1990). Kowalski (1996) proposed two explanations for this relationship. First, as one ages, their context changes, plausibly to be more favourable. In turn, they have more resources to address problems and can cope without complaining. Second, the perceived utility of complaining may change with age (Kowalski, 1996). Younger individuals may be more concerned with the consequences of complaining which may affect their complaint patterns.

Kowalski (1993) argued that women are more likely to complain. Evidently, women have a greater willingness to self-disclose information than men. In Kowalski's (1993) study, participants asked to record all the complaints they heard for five days reported that women complain more than men. Other authors believe men complain more than women because men can be more instrumental whereas women are more expressive (Kolondinsky, 1995). As such, men would be more likely to complain to the service provider about service failures, whereas women would be more likely to express discontent to friends and others. Similarly, Hollandsworth and Wall (1977) found that men tend to be more assertive than women in expressing complaints. Richins' (1983) results, which demonstrate that individuals who tend to be more assertive also tend to have higher complaint propensity.

Unfortunately, demographics probably explain complaining versus non-complaining but not the type of complaint. Demographic variables do little to differentiate complainer profiles from non-complainer profiles (Broadbridge & Marshall, 1995; Crie, 2003). Indeed, Warland (1975) found sociodemographics can explain little more than eight percent of the variance in complaint intentions. This suggests sociodemographics are not strong predictors of complaints in terms of channel and of likelihood.

2.14 Service Recovery and User Preferences for Service Recovery

The second part of this thesis is concerned with understanding differences in users' preferences for service recovery. A major concern for providers is developing service recovery strategies that will contribute to post-recovery satisfaction in order to build loyal service relationships. In the following sections, we discuss the meaning of service recovery and its outcomes. We also review characteristics of service recoveries and speculate as to preferences for each which consumers might have.

2.14.1 Service Recovery

Service recovery is a "thought-out, planned process for returning aggrieved users to a state of satisfaction with the firm after a service or product has failed to live up to expectations" (Zemke & Bell, 1990, p. 43). More recently, Michel, Bowen, and Johnston (2009) defined recovery as "the integrative actions a company takes to re-establish user satisfaction and loyalty after a service failure […]" (p. 267). The purpose of service recovery is to move initially dissatisfied users towards post-recovery satisfaction. Post-recovery satisfaction is defined as satisfaction with the specific recovery experience, not as an overall sense of satisfaction with the provider (Smith & Bolton, 1998).

A large body of research has focused on service recovery strategies and characteristics. This research is based on the principle that recoveries increase satisfaction. With respect to post-recovery satisfaction, there are three possible outcomes of service recovery: recovery paradox, improvement, or reinforcement.

Many authors have found that successful recoveries improve satisfaction, sometimes beyond the level of pre-failure satisfaction. This is called the *service recovery paradox* (Michel, 2008). Boshoff (1997), using an experimental design involving a scenario in an airline context, found that satisfaction is restored when a dissatisfied user is given full compensation in the form of a full refund and a free airline ticket. Hocutt et al. (2006) also determined that a "high" recovery could potentially lead to a service recovery paradox. Finally, using a student sample, Magnini et al. (2007) found that a paradox can occur under low severity and external blame conditions.

Unfortunately, many studies refute the existence of a service recovery paradox. That is, rarely do recoveries in these studies lead to post-recovery satisfaction higher than satisfaction for a no-failure group. Still, a number of studies demonstrate that recoveries have the potential to *improve* satisfaction following failure. That is, while satisfaction is likely not as high for a group who experienced failure than it is for a group who did not experience failure, it is higher than for groups who received no recovery at all. Michel and Meuter (2008) argue that post-recovery satisfaction is not guaranteed to be higher than satisfaction reported in failure-free events. McCollough, Berry, and Yadav (2000) found that customer satisfaction was lower after service failure and high recovery performance than it was for customers who did not experience failure. Halstead and Page (1992) found that initially

satisfied customers report higher levels of repurchase intentions compared to customers who experience failure yet have their complaints dealt with satisfactorily. Maxham (2001) reported on two studies, both of which failed to find any support for the recovery paradox. In the first study, which involved an experiment administered to over 400 students, findings suggest no significant differences on satisfaction and repurchase intentions between "high" and "moderate" service recovery treatments. Andreassen (2001) also finds that satisfaction can be essentially restored following satisfactory service recovery but that satisfaction for a failure-free group is still higher.

Finally, recoveries can decrease post-recovery satisfaction to a point lower than it was even before recovery. This is called *double deviation* (Bitner et al., 1990; Johnston & Fern, 1999; Mattila, 2001. Recoveries of this kind reinforce users' initial dissatisfaction (Hocutt et al., 2006). Users who receive bad recovery report post-recovery satisfaction which is even lower than pre-recovery satisfaction (Hart et al., 1990). With double deviation, the customer is first dissatisfied with the service, and then is further dissatisfied with the recovery (Tax and Brown, 1998).

The lesson learned from these studies is that aiming to satisfy users during the initial service remains the best strategy. However, we know that failure is inevitable and the recovery can at least partially increase satisfaction. Successful recovery may not create a service recovery "paradox" but still plays an important role in moving the user from initial dissatisfaction towards post-recovery satisfaction. Furthermore, failure to attend to aggrieved users may have an even more damaging effect. This suggests that a focus on service recovery strategies is still crucial to providers' success.

2.14.2 The Consequences of Post-recovery Satisfaction

Users' future intentions are dependent on their post-recovery satisfaction. Two important intentions in the service literature are repatronage intentions and word of mouth intentions. When users report high post-recovery satisfaction, they are more likely to report high intentions to return to the service, and are more likely to intend to spread positive information about the service.

Repatronage is defined as the decision to reuse the service in the future (Blodgett, 1994). Though this choice is influenced by factors such as the availability of a substitute, it is largely based off ones' experience with the provider (Jones, Reynolds, Mothersbaugh, & Beatty, 2007). It is essential to the provider that users repatronize the service. Particularly in fee-for-service arrangements, the extent to which users repatronize the service influences providers' financial viability (McCollough, Berry, & Yadav, 2000; Reichheld & Sasser, 1990). This is the case because it is considerably more expenseive to find new users than to retain existing ones (Reichheld & Sasser, 1990). As Assael (1984) suggests, "[…] success depends not on the first purchase but on repurchase" (p. 47).

Successful recoveries can increase repatronage intentions (Heskett et al., 1990; Spreng et al., 1995). Smith and Bolton (1998) found that repatronage intentions are higher when service recovery is perceived as satisfactory. Keaveney (1995) also found that frequent experiences with failure likely encourage users to search for alternative providers. When recoveries are perceived as poor, users are more likely to search for alternatives (Davidow & Dacin 1997; Singh, 1990; Singh & Wilkes, 1996).

Satisfying recoveries also influence word-of-mouth intentions (Swanson & Kelley, 2001). Users who have experienced successful recovery likely advocate for the provider through positive word of mouth (Barlow & Muller, 1996). Oliver and Swan (1989) argue that intentions to spread negative information decrease as post-recovery satisfaction increases. Finally, Maxham (2001) reports that excellent service recovery positively impacts positive word-of-mouth.

2.14.3 Understanding Users' Preferences during Service Recovery

The literature covered in the previous section covers the importance of post-recovery satisfaction. This study is concerned with post-recovery satisfaction-inducing experiences in an indirect way. In our approach, we must state an assumption. We assume certain characteristics of the recovery might be present in a "positive" (i.e., satisfaction-inducing) recovery while other characteristics would detract from the experience. That is, we assume certain characteristics would increase satisfaction while others would not. This assumption is of course supported by the vast literature which discusses the effects of certain methods of recovery on post-recovery satisfaction.

Second, we can logically assume that stated attitudes towards these characteristics (i.e., the favourability of each characteristic) represent the extent to which a given characteristic could influence post-recovery satisfaction. For example, indicating that compensation is highly desirable would be a proxy for its effect on post-recovery satisfaction. The more desirable compensation is, the more it could influence satisfaction. Similarly, indicating that compensation is not important would be a proxy for a small or perhaps negative effect on post-recovery satisfaction.

We must make this distinction clear. This is the case because the experimental manipulation it would take to accurately address the direct and combined effects of a great number of recovery characteristics on post-recovery satisfaction would be highly impractical for the researcher, though the insight provided from such a hypothetical study would be desirable by practitioners. As a result of this complexity, we often see it the recovery literature cases in which research teams manipulate only one or two characteristics at a time to assess how they might influence post-recovery satisfaction and other outcomes.

In this study, using our proxy assumption, we are less concerned with the effects of service recovery characteristics on post recovery satisfaction and more concerned with the factors which influence the favourability of these characteristics. Specifically, we are interested in the ways in which emotions can influence the favourability of these characteristics.

2.14.4 Emotion and Stated Preferences

Previously we discussed the ways in which cognitions influence emotions. Another body of research has demonstrated the ways in which emotions can influence decision making and preferences. In general, emotions have the ability to influence one's preferences.

Applied to the context of service recovery, we propose that negative emotions will influence preferences for service recovery characteristics. Again, we note that our investigation is highly exploratory, as previous literature has not sought to determine the effects of negative emotions and the favourability for certain recovery characteristics. This section reviews the dominant service recovery characteristics and proposes the ways in which emotions may influence their favourability.

2.14.5 Atonement

Atonement refers to actions taken to restore the loss experienced by users for service failure. There are two types of atonement which providers could offer. The first is compensation. Compensation refers to "what the customer receives as the outcome of a recovery process" (McColl-Kennedy and Sparks, 2003, p. 253). Compensation is a special kind of instrumental support, which means providing direct aid to solve the problem (Menon and Dubé 2007). Compensation is more related to restore positive feelings about the outcome of the recovery (Michel, Bowne, & Johnston, 2009). Tax and Brown (1998) believed that this outcome is the ultimate key of recovery.

Compensation can be monetary or non-monetary. Monetary compensation refers to given some sort of value understood in basic economic terms (e.g., free giveaway). Gestures such as offering a voucher or coupon constitute non-monetary atonement. Although the user could potentially calculate a rough estimate of the real monetary value of such gestures, the idea is that non-monetary atonement is more symbolic than economic.

Users usually expect recompense for service failures (Smith et al. 1999). Moreover, prior research shows that compensation is the most salient recovery effort because it reinforces distributive fairness (i.e., perception of an adequate outcome of an exchange), which is most important for service recovery (Davidow 2003; Smith et al. 1999). According to justice theory, distributive justice is an important aspect of service recovery. Compensation signals to the user that the provider is trying to make up for the problem. Receiving a fair outcome increases post recovery satisfaction. Weun, Beatty, and Jones (2004) also found that distributive justice is a critical factor influencing customer satisfaction

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after a service recovery. Wirtz and Mattila (2004) found that compensation positively influences post-recovery satisfaction. Sparks and McColl-Kennedy (2001) found that respondents were satisfied when a 50 percent refund was given to compensate for the service failure. Boshoff (1997) also found that higher levels of atonement were significantly related to higher levels of post-recovery satisfaction. Boshoff (1997) concluded that tangible compensation has the most dominant effect on post-recovery satisfaction, controlling for other attributes of recovery.

Appraisals might influence the favourability of compensation. The level of compensation necessary to restore feelings of justice is likely related to the severity of the failure. That is the amount of compensation users expect to receive likely increases as the severity of the failure increases (Bell & Ridge, 1992). The aggrieved user is looking to obtain a form of compensation to correct the dissatisfactory situation. The amount of compensation desired likely increases with larger service failures (Wirtz & Mattila, 2004).

Negative emotions might influence the favourability of compensation. In an experimental investigation of service recovery preferences in restaurants and hotels, Smith and Bolton (2002) found that users with negative emotional responses to service failure placed greater value on compensation than did users with no emotional response. Consistent with this finding, we propose that compensation will be more favourable to those who are angrier, feel more frustration, feel regretful, and who are dissatisfied. Because receiving reward has been found to have adverse effects for those who feel guilt or ashamed, one might expect the opposite to be true.

The second form of atonement is apology. According to Zemke and Bell (1990), apologizing is the first step in restoring perceptions of justice. Authors note that apology is important in restoring post-recovery satisfaction (Bell & Ridge 1992; Mattila, Cho, & Ro, 2009) and perceptions of justice (Goodwin & Ross, 1992).

According to Tedeschi and Norman (1985), an apology is a confession of responsibility and an expression of remorse. Users who perceive the fault lies with the provider might hold apology as more important compared to users who hold self-blame. This is consistent with findings presented by Wirtz and Mattila (2004) who report that an apology positive influences post-recovery satisfaction, particularly in situations where users hold the provider accountable for the failure.

2.14.6 Retrospective Explanation

According to Gelbrich (2010), a retrospective explanation refers to providers' attempt to make sense of the situation for the user by explaining more about the cause of the failure. Retrospective explanations contain information about the cause of the failure and an account for why the provider could not avoid it (Davidow 2003; Mattila 2006).

Davidow (2003) suggests that information about the problem can encourage users to reevaluate the failure which decreases perceptions of failure severity. This is consistent with Lazarus' (1991) concept of positive reappraisal. When the user is provided with more information about the failure, reevaluation can reduce goal incongruency (Lazarus, 1991). Mattila (2006) provided empirical evidence that retrospective explanations can enhance perceptions of justice for the user. Furthermore, Gelbrich (2010) demonstrated that retrospective explanations decrease feelings of anger.

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The underlying mechanism through which this relationship may exist seems to be counterfactual thinking (Gelbrich, 2010). In a health context, Thompson (2000) noted that trauma survivors who compare themselves to an imagined self who went through a much worse trauma began to focus on positive aspects of being a survivor. In a service failure context, this pattern would suggest that when users are given an explanation for failure, they reevaluate the situation against the other possible negative outcomes of their participation in the service which leads them to realize their current state of affairs is at least acceptable. This notion seems to be consistent with those presented by Zeelenberg (1999) who noted that experiences of loss encourage individuals to search for some sort of benefit.

Users who complain are likely driven in order to keep others accountable (Kowalski, 1996).When users complain to the provider they prefer an explanation of the event from the providers' perspective. This satisfies the need for social comparison, which Gelbrich (2010) argued can reduce anger and frustration in service failure situations. Furthermore, retrospective explanations can help users and providers reach a common understanding of the core problem, which then facilitates the solution to the problem. Therefore, we may logically expect that users who blame the provider are more likely to desire an explanation for the problem.

2.14.7 Empathy

Empathy refers to the providers' emotional connection and understanding with the user. A great number of studies illustrates that empathy is important in service recovery. When providers are empathetic, users perceive that the provider cares about the issue at hand. Michel, Bowen, and Johnston (2009) note that the manner in which the recovery is presented

is just as important as the actual solution. DeWitt & Brady (2003) demonstrated that users who interact with an empathetic employee are more satisfied and less likely to spread negative word-of-mouth compared to those who interacted with little empathy. Specifically, authors note that having excellent interaction increases levels of perceived fairness (Greenberg & McCarty, 1990; Tax et al., 1998). Bies and Moag (1986) proposed that the quality of interpersonal treatment users receive during recovery would influence perceptions of quality. This has later been established numerous times (Smith et al., 1999). Indeed, Spreng, Harell and Mackoy (1995) report that satisfaction with personnel was the most important determinant of overall firm satisfaction.

2.14.8 Voice

Much like some users are motivated to complain to release negative emotions, they may wish to have the opportunity to vent about the failure during service recovery. That is, once a complaint has been acknowledge and the formal process of recovery begins, an important characteristic of recovery is opportunity for users to voice their thoughts and feelings.

Davidow (2003) argued that listening to the customer during service recovery is important and can help restore users' satisfaction. Dube and Menon (1998) also suggested that information provided by customers who vent during recovery can be decoded and used to change the behaviours of front line employees. Specifically, complaints can help employees understand the problem which then in turn facilitates the solution of that problem. Prahalad & Ramaswamy (2004) suggested that active voice can create feelings of control.

Venting also allows users to engage in impression management (Snyder & Smith, 1982; Arkin and Baumgardner, 1985).

Users who feel at fault or who are overly dissatisfied may want the opportunity to talk about the experience so as to encourage self-esteem or the development of identity (Leary, 1995; Leary & Kowalski, 1990). This can, unfortunately, take a negative stance in that some users may vent by "blasting" the provider. Blasting refers to put others down to make one look better (Cialdini & Richardson, 1980). In an effort to protect self-esteem, clients will put-down the provider to shift blame from the self to an external cause (Mehlman & Snyder, 1985; Snyder & Higgins, 1988; Snyder et al., 1983).

2.14.9 Involvement

For decades the users' perceived role had been one of service evaluation. Once the service had been delivered, the user assessed the degree to which the service met their goals. (Hibbert, Piacentini, & Hogg, 2012).

While this perspective was dominant for some time, we have witnessed a shift in the marketing paradigm (see Vargo & Lusch, 2004). We now know that the user plays a vital role in co-creating quality service (Rodie & Kleine, 2000; Vargo & Lusch, 2006). The role of the provider is more about facilitating value; the user ultimately determines the value of the service (Gronroos, 2008).

This basic truth extends also to service recovery. We know that service excellence is increasingly being studied from a value co-creation perspective (Mustak et al., 2013) yet the outcomes of co-creation in service recovery are largely unknown. Much of the co-creation

literature looks at the users' role in the service and its effect on positive outcomes but does not address the context of service recovery.

In the service literature, authors use the term participation to refer to user involvement in the co-creation of the experience. I consider the terms synonymous. Authors use the term customer participation in these situations to describe "the degree to which the customer is involved in producing and delivering the service" (Dabholkar's, 1990, p. 484). For Hsieh and Yen (2005), customer participation is "the extent to which customers provide resources in the form or time and /or effort, information provision, and co-production during the service production and delivery process" (p.895).

Dong, Evans and Zou (2008) extended the concept of service participation to the context of service recovery. The authors defined participation in service recovery as "the degree to which the customer is involved in taking actions to respond to a service failure" (Dong et al., 2008, p. 126). Consistent with these earlier definitions, we define users' participation in service recovery as the level, type, or degree of users' involvement.

While the literature suggests that user involvement in the recovery experience could lead to a number of positive outcomes, little has been done in the one of conceptualizing involvement in this context. Indeed, many users find participation to be inherently attractive (Dabholkar, 1996; Langeard et al., 1981) and still previous attempts to explicitly measure levels or types of involvement in service recovery have not been made. While the development of a service-recovery involvement scale is beyond the scope of this study, we believe it should become a focus of future research. In this study, we take only preliminary steps to understanding the possible important role of involvement in the recovery process.

Indeed, there is very little literature to guide an understanding of a conceptualization of involvement or participation in recovery. Because conceptualization of such a construct should involve rigorous exploratory and confirmatory factor analytic approaches, we do not contend that we are measuring factors of involvement. Instead, key aspects of a participatory approach emerge with face validity.

Involvement likely involves aspects of decisional control, process control, and input. Dabholkar (2000) argued that participation in service can lead to feelings of control. Those who participate likely have more opportunity to make a decision. Averill (1973) outlined that being involved in the process of decision making leads to feelings of control over that decision. More recently, authors have noted that being involved in making decisions between different choices or options facilitates feelings of control (Ennew & Binks, 1999). Bendapudi and Leone (2003) demonstrated that users who are given a choice report more control and more satisfaction.

In turn, control leads to a number of positive outcomes. Control can lead to feelings of independence (Langer et al., 1975). Bateson (2000) noted that a desire for control is a key driving force in humans. Etgar (2008) discussed that feelings of control can acts as a risk-reducing mechanism, because users in control likely perceive less risk involved in the recovery. Bateson and Hui (1987) write that users who feel in control of their experience report higher levels of satisfaction than those who do not feel in control. Similarly, More recently, Bagozzi and Dholakai (2006) also found that control influences perceptions of value. Finally, Rodie and Kleine (2000) noted that control over the service leads to feelings of self-efficacy.

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The evidence presented by these scholars suggests that being involved in the process of decisions, providing input, and creating exchange lead to feelings of control. In turn, feelings of control may lead to other positive outcomes such as post-recovery satisfaction. However, this may not always be the case. From another perspective, participation would not be valued by some because it can lead to negative consequences. For example, Hibbert, Piacentini, and Hogg (2012) suggested that increasing participation can increase stress for vulnerable users. For users who are already overwhelmed with negative emotions, making decisions may actually have a negative effect on satisfaction. This is the case because negative emotions can overwhelm users' cognitive abilities, causing them to make poor decisions (Smith & Bolton, 2002). In doing so, emotions may decrease users' preferences towards participation. Users who report negative emotions and who must make decisions, give feedback, or exert time and energy toward the recovery are likely to be satisfied. Finally, participation may not be desired when time is perceived to be an important factor. Wirtz and Mattila (2004) emphasized the importance of speed in recovery. This could contradict the extra time needed for users to vocalize preferences, decisions, or to wait for customized recovery.

2.15 Restatement of Research Questions

RQ1: When the cause of the failure is ambiguous, to what/whom do users attribute blame?

RQ2: How well do attribution of blame and perceived failure severity predict negative emotions?

RQ3: What is the relative influence of each negative emotion in predicting the likelihood of each complaining behavior?

RQ4: Does user disposition intervene in the relationship between emotion and complaining?

RQ5: What is the role of appraisals and emotion in determining service recovery

preferences?

Chapter 3: METHODOLOGY

3.1 Outline

This chapter describes a hypothetical scenario-based experiment conducted with a student sample.. The chapter is divided into three main sections. The first section outlines the sample and the design of the scenario appropriate for that sample. The second section describes the experimental design including the description of treatment messages. The third section outlines the measures of questionnaire.

3.2 Recruitment

Participants were all Canadian undergraduate students attending the University of Waterloo, in Waterloo, Ontario. The sampling frame consisted of both course meetings and of particular students. Specifically, the researcher visited two undergraduate classrooms asking all students in attendance to take part. In both cases, the course instructor introduced the researcher at which point a script designed as a formal recruitment tool was read (see appendix). Written survey instruments containing hypothetical scenarios were then randomly distributed to those in attendance. Each participant received one treatment scenario.

The researcher also acquired a list of all current graduate students in his home department. They were asked to take part in the study using the departmental graduate student email listserv. Undergraduates were sampled November 19 (class one) and November 21 in the fall term, 2013. Graduate students were asked to respond with a week(from November 22 to November 29, 2013).

3.3 Scenario Development

The experiment involved the introduction of hypothetical scenario. Such scenarios are common in service recovery studies (Bitner, 1990; Matos et al., 2007) for several reasons. First, note that these scenarios asked about the student's own probable actions and reactions to a very specific event. This technique avoids the problem of memory and social desirability biases common in self-reports, as would be the case in a field survey (Smith et al,, 1999). Second, scenarios enable us to study encounters which are difficult to capture in "real life" (McCollough, Berry, & Yadav, 2000). Service failures can happen at any moment and their frequency would be nearly impossible to predict. Third, scenarios enhance the variability in responses to recovery through manipulation (Smith & Bolton, 1998). Fourth, the scenario method reduces problems associated with confounding variables such as individual differences and personal circumstances (Bateson & Hui, 1992). Therefore, the hypothetical scenario method used here increases internal validity by reducing random disturbances in the variables (Bitner, 1990; Churchill, 1995; Cook & Campbell, 1979).

Scenarios were developed using orientation week as a focal point. It seemed reasonable that all these studens would be familiar with the concept of orientation week and the kinds of activites that might take place during that period. The scenario suggested that a service failure occurred during orientation week. Specifically, the failure involved a missed bus intended to transport students to an off-campus event. After checking with a small number of students to assess the realism of such an event occurring, this situation was selected. This scenario met the scope conditions of having an event focus, and being appropriate for university students. Specifically, the scenario we developed reads as follows:

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It is your first week at University. Part of the orientation week program is attending the "Water Extravaganza" event at a near-by waterpark on Friday afternoon. The park is a half hour drive and students will travel there together on a bus. You are looking forward to the trip and remain on campus all week so that you can take part.

3.3.1 Manipulations

Two messages were developed as manipulations for the study. The first message manipulated the severity of the failure described in the scenario.   Participants received either the high or low failure severity message. The high failure severity message read: *Friday afternoon arrives and you line up for the bus only to discover that the bus is now full. The leaders tell you that another bus will not be coming.* The low failure severity message read: *Friday afternoon arrives and you line up for the bus only to discover that the bus is now full. The leaders tell you that another bus will be coming in 15 minutes.*

The second message manipulated the cost of the ticket to enter the waterpark. Participants received either the high or low cost message. The high cost message read: *As the bus leaves, it occurs to you that you paid $35.00 to enter the waterpark. You approach a leader with your concern.* The low cost message read: *As the bus leaves, it occurs to you that you paid $5.00 to enter the waterpark. You approach a leader with your concern.*

3.4 Procedure

We designed a six-page instrument consisting of a number of items and our scenarios (see appendix). Initially, participants responded to a number of global attitudinal scales (social norms of complaining, worthwhileness of complaining, societal benefit of complaining, locus of control, tendency for avoidance).

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They were then exposed to the hypothetical service failure scenario (participant planned to travel by bus to a water park but the bus had left by the time the participant had arrived at the pick-up location). Respondents were then randomly assigned to one of two treatment groups focusing on a failure severity message. In the low failure severity condition, participants received the scenario and a message that another bus would be arriving in 15 minutes. In the high severity condition, they were told that no other buses would be arriving.

They were then asked two questions about that scenario. First they were asked to rate the severity of the failure (on a 5 point scale). Second, they were asked who was to blame for this failure (self or provider).

Next, demographic items were collected. Participants then completed three scales assessing (a) emotional response to failure; (b) motivations for complaining; (c) likelihood of complaining. The survey then focused on recovery strategy preferences. We asked them to recall the scenario regarding the missed bus. We then wanted to set up a condition in which they were negotiating with a leader about dealing with the losses they had incurred. Participants were told that they decided to approach a leader. They were then exposed to one of two treatments (low cost, high cost). In the low cost condition, participants were told they remember their ticket to the water park was $5. In the high cost condition, the ticket was $35. Participants were then consulted regarding their preferences for service recovery. Using single item and multi-item measures, we assessed their preferences for atonement, retrospective explanation, empathy, voice, and involvement.

3.5 Measures

This section covers the measures which were included on the instrument. The measures are described in the same order they appeared on the instrument.

3.5.1 Attitudes towards complaining

Societal norms were measured using Richins' (1982) societal norms sub-scale, found in the attitudes towards complaining scale. The items were measured on a five point Likert-type scale with "strongly disagree" and "strongly agree" as the end points. The sub-scale uses four items, which include "Most people whose opinion matters to me expect that I complain when I am dissatisfied with a product or service", "Most people don't make enough complaints to providers about unsatisfactory service", "Many people think ill of those who make complaints to providers even when the complaint is reasonable", and "People are bound to end up with unsatisfactory service once in a while, so they shouldn't complain about them". Each item is measured on a five point Likert-type scale.

Worthwhileness of complaining was measured using Richins' (1982) worthwhileness of complaining sub-scale, found on the attitudes towards complaining scale. The items were measured on a five point Likert-type scale with "strongly disagree" and "strongly agree" as the end points. The sub-scale uses five items, which include "Most providers are willing to adjust to reasonable complaints", "Many providers say they want their customer satisfied but aren't willing to stand behind their word", "Employees are often quite unpleasant to customers who complain about unsatisfactory service", "I often find it embarrassing to exchange products or complain about services I am dissatisfied with", and "Making a

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complaint about a bad service usually takes a lot of time". Each item is measured on a five point Likert-type scale.

Societal benefit was measured using Richins' (1982) societal benefit sub-scale, found on the attitudes towards complaining scale. The items were measured on a five point Likert-type scale with "strongly disagree" and "strongly agree" as the end points. The sub-scale uses three items, which include "A user who complains to a provider about bad service may prevent other users from experiencing the same problem", "Most people don't make enough complaints to providers about unsatisfactory service", "People have a responsibility to society to tell providers when a service is poor", and "By making complaints about unsatisfactory service to providers, in the long run the quality of service will improve". Each item is measured on a five point Likert-type scale. Richins (1982) does not provide alphas for any of the three attitudes towards complaining scales.

3.5.2 Locus of Control

Locus of control was measured using three items from Bradley and Sparks' (2002) service-specific locus of control scale. The items were measured on a five point Likert-type scale with "strongly disagree" and "strongly agree" as the end points. The original scale included 14 items. We selected three items with respect to respondent fatigue. These items had strong face validity and of course were from the original locus of control item pool which contributed to content validity.

3.5.3 Behavioural Avoidance

Behavioural avoidance was measured using six items developed by Carver and White's (1994) behavioural inhibition sub-scale. The items were measured on a five point

Likert-type scale with "strongly disagree" and "strongly agree" as the end points. The items include "Even if something bad is about to happen to me, I rarely experience fear or nervousness", I feel pretty worried or upset when I think or know somebody is angry at me", "If I think something unpleasant is going to happen I usually get pretty 'worked up'", "I feel worried when I think I have done poorly at something important", "I have very few fears compared to my friends", and "I worry about making mistakes". Carver and White (1994) report moderate reliability for the scale ($a = .74$) through exploratory analyses (oblique rotation, to permit correlations among other factors being tested).

3.5.4 Severity of Failure and Attribution of Blame

Manipulation checks were included following the scenario and experimental treatment. The first manipulation check assessed participants' perception of failure severity. Consistent with the check undertaken by Smith, Bolton, and Wagner (1999), this question ensures the participant attended to the hypothetical scenario. The item asked the participant to indicate the severity of the failure on five point semantic differential scale ranging from "Not very severe" to "very severe". Scores in the conditions will be treated on aggregate, meaning the success of the manipulation will be determined by a general comparison of the means of the two groups.

To accompany the manipulation check, participants were also asked to indicate who was to blame for the failure. Participants were asked "Who is to blame for the problem?" and told to circle one of two possible options: "I am to blame" or "The leaders are to blame". This item was accompanied by an open response box in which participants were asked to qualify their attribution of blame. This item and qualitative inquiry piece were included to

gain a deeper understanding of the attributional process. We did manipulate, per se, anything which we directed hypothesized would encourage participants to self-select into one group over another.

3.5.5 Emotional Response

Anger was measured using three items developed by Gelbrich (2010). The items were altered to reflect the experimental scenario. The items were measured on a five point Likert-type scale with "strongly disagree" and "strongly agree" as the end points. The items reflect three components of anger towards the provider: "Angry with the leaders", "Mad with the leaders", and "Furious with the leaders". Gelbrich (2010) reported a strong alpha for the scale across two studies ($a=.942$, $a=.911$).

Frustration was measured using three items developed by Gelbrich (2010). The items were altered to reflect the experimental scenario. The items were measured on a five point Likert-type scale with "strongly disagree" and "strongly agree" as the end points. The items reflect three components of frustration towards the situation: "Frustrated about the situation", "Disturbed by the situation", and "Annoyed at the situation". Gelbrich (2010) reported a strong alpha for the scale across two studies ($a=.929$, $a=.922$).

Guilt was measured using three items developed by Harder and Zalma's (1990) personal feelings questionnaire. The items were measured on a five point Likert-type scale with "strongly disagree" and "strongly agree" as the end points. The items include "Mild guilt", "Humiliated", and "Intense guilt". "Humiliated" was originally proposed to load on the shame factor of the personal feelings questionnaire but through principal components factor analysis was shown to load on the guilt dimension. Harder and Zalma's (1990) original

set of guilt measurements included six items. We reduced the number of guilt items over concerns regarding respondent fatigue. The three items were selected over others because Harder and Zalma (1990) report high factor loadings for these three items on the guilt dimension (.61, .50, and .75, respectively).

Shame was measured using three items developed by Harder and Zalma's (1990) personal feelings questionnaire. The items were measured on a five point Likert-type scale with "strongly disagree" and "strongly agree" as the end points. The items include ""Embarrassed", "Feeling ridiculous", and "Helpless". "Helpless" was originally proposed to load on the guilt factor of the personal feelings questionnaire but through principal components factor analysis was shown to load on the shame dimension. Harder and Zalma's (1990) original set of shame measurements included 10 items. We reduced the number of guilt items with respect to respondent fatigue. The three items were selected over others because Harder and Zalma (1990) report high factor loadings for these three items on the shame dimension (.49, .62, and .55, respectively).

Regret was measured using three items gathered from the literature on regret. We operationalized regret as being counterfactual (i.e., reflects an emotion that is based off of thoughts about what could have happened). While we recognize regret can have both process and outcome dimensions (Lee & Cotte, 2009) our items are worded somewhat nebulously to reflect both. No suitable scale of relevance was found. Scales which were found seemed to measure trait-specific regret while our focus in this study was on situation-specific regret. We consulted Marcatto and Ferrante's (2008) regret and disappointment scale and Schwartz, Monterosso, Lyubormirsky, White, and Lehman's (2002) regret scale. Schwartz et al.'s

(2002) regret scale has been validated multiple times across a number of contexts (e.g.,

Bergman et al., 2007; Zeelenberg & Piters, 2007).

Because the literature discusses regret largely as an emotion which arises after

counterfactual thinking has occurred, we based one item reflecting counterfactual regret from

Marcatto and Ferrante's (2008) regret sub-scale. We also rephrased two items from Schwartz

et al.'s (2002) regret scale to reflect situational regret rather than dispositional regret. After

the phrase "As the bus pulls away, I would feel" the three items we developed to measure

regret read "Like I missed an opportunity", "Like things could have gone better", and "Like

things could have gone differently".

Dissatisfaction was measured using two items developed by Gelbrich (2010). The

items were measured on a five point Likert-type scale with "Strongly disagree" and

"Strongly agree" as the end points. The items include "I would be satisfied with my

experience", and "The experience would have met my expectations". The items were reverse

coded to reflect dissatisfaction. Gelbrich (2010) reports high reliability for these items in two

studies ($a = .926$, $a = .916$).

Demographics were measured with four items. Participants were asked to indicate

their age, sex, year of study, and their program of study.

3.5.6 Complaining Behaviours

Vindictive negative word-of-mouth was measured using three items developed by

Gelbrich (2010). The items were measured on a five point Likert-type scale with "Very

unlikely" and "Very likely" as the end points. The original items were altered from a hotel

context to reflect the experimental scenario in the current study. The items include "Spread

negative word-of-mouth about the leaders", "Speak negatively about my experience to others", and "Tell friends and family about my experience". Gelbrich (2010) reports high reliability for these items in two studies ($a = .905$, $a = .931$).

Vindictive voice was measured using three items developed by Gelbrich (2010). The items were measured on a five point Likert-type scale with "Very unlikely" and "Very likely" as the end points. The original items were altered from a hotel context to reflect the experimental scenario in the current study. The items include "Purposely give the representative(s) a hard time", "Be unpleasant with the leader(s)", and "Make one of the leaders pay for the problem". Gelbrich (2010) reports high reliability for these items in two studies ($a = .918$, $a = .949$).

Support seeking negative word-of-mouth was measured using four items developed by Gelbrich (2010. The items were measured on a five point Likert-type scale with "Very unlikely" and "Very likely" as the end points. The original items were altered from a hotel context to reflect the experimental scenario in the current study. The items include "Talk to other people about my negative experience in order to get some comfort", "Talk to other people about my negative experience to reduce my negative feelings", "Talk to other people about my negative experience to feel better", and "Share my feelings with others". Gelbrich (2010) reports high reliability for these items in two studies ($a = .946$, $a = .955$).

Problem solving voice was measured using three items developed by Gelbrich (2010). The items were measured on a five point Likert-type scale with "Very unlikely" and "Very likely" as the end points. The original items were altered from a hotel context to reflect the experimental scenario in the current study. The items include "Discuss the problem

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constructively with the leader", "Find an acceptable solution for both parties", and "Work with the leader to solve the problem". Gelbrich (2010) reports high reliability for these items in two studies ($a = .938$, $a = .951$).

3.5.7 Service Recovery Preferences

Service recovery preferences were measured using 13 items. Participants are asked to indicate how important service recovery characteristics are on a1 to 5 Likert-type scale with "strongly disagree" and "strongly agree" as the endpoints. Item 9, "Financial compensation (e.g., reimbursement)", reflects *compensation*. Item 5, "An apology from the leader" reflects *apology*. Items 6, 7, and 10 ("For the leader to explain why the situation occurred"; "For the leader to explain what s/he did to prevent the problem"; "To be told what I could have done differently to avoid the problem entirely") measure *retrospective explanation*. These were developed to be congruent with Gelbrich's (2010) conceptualization of retrospective explanation. Item 11 "To feel that the leader understands my frustration", reflects *empathy*. Item 8, "An opportunity to talk about my feelings" reflects *voice*.

Items 1, 2, 3, 4, 12, and 13 are exploratory but based on various parts of the broader conversation of participation. We believe these items reflect different phrases which describe the levels and ways in which users might wish to be involved in the service recovery. These items include: "To have minimal effort or input during the solution"; "For the leader to take charge of the situation"; "To be involved in determining what the solution to the problem will be"; "Some choice in the solution to my problem"; "To have a lot of 'say' in the solution to my problem"; "An opportunity to suggest what could have been done differently by the leaders". These items were developed in-house based on the existing literature.

Chapter 4: RESULTS

4.1 Coding and Missing Values

A preliminary step was undertaken to ensure the integrity of the data. After added data to a SPSS database, a random sample of 10 paper surveys was selected and compared to the electronic data to check for incorrectly entered data. No discrepancies were found. Data ranges were then checked to make sure no impossible values appeared. Fewer than five cases were found. Original surveys were pulled for these cases and corrected.

Missing data were then addressed. Rather than remove all cases with missing data, which would have reduced the sample size, missing data were checked for randomness and imputed. Little's Missing Completely at Random (MCAR) test was conducted for all scale items. Items for scales which were found to be missing data in random fashion were imputed. We used the expectation-maximization procedure under the assumption of normal distribution (Graham, Hofer, & MacKinnon, 1996). EM methods give unbiased correlations and covariances (Graham, Hofer, & MacKinnon, 1996). Data for categorical variables were not imputed.

Items were coded in an appropriate fashion (e.g., reverse coding where necessary, dummy coding categorical predictors for regression). Composite measures (i.e., scales and interaction terms) were then constructed. In the case of attribution of blame, the coding of groups involved two phases. In phase one, participants were coded into self-blame or provider-blame groups based on the item they had circled on the survey. In phase two, the researcher used the qualitative data to re-code attribution of blame into three groups. If participants had circled self-blame and left the qualitative box empty, or if the qualitative

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entry made it quite clear self-blame was selected, participants were coded as '0' . If

participants had circled provider-blame and left the qualitative box empty, or if the

qualitative entry made it quite clear provider-blame was selected, participants were coded as

'1'. If participants had indicated in the qualitative entry that they thought neither the provider

nor themselves were fully to blame, participants were coded with a '2' which reflected a

situational blame. Common examples of text which reflected situational blame include:

"neither the provider or me [sic] is to blame." Common examples of provider blame include:

"[…] this is a short coming in part of the leaders as well as the university", and "they should

have a backup plan". A common example of self-blame is: "I may have arrived late to the

lineup".

4.2 Descriptive Statistics

Roughly 58% of the sample was female. The average age of the sample was

approximately 21 years. The majority of the sample were undergraduate students, evenly

distributed between first, second, third, and fourth (or above) year in their plan of study.

Roughly 55% of students were studying in the Recreation and Leisure Studies Department.

The response rate between the two undergraduate classes was approximately 65% in REC

101 and 90% in REC 203. The response rate for the graduate student list serv was

approximately 30%

Table 1

Descriptive Statistics for Study Sample

Variables	N	%	M	SD
Age	282	--	20.82	3.43
Sex				
Male	119	42.2	--	--

Female	163	57.8	--	--
Year of Program				
First	72	25.5	--	--
Second	45	15.9	--	--
Third	65	23.0	--	--
Fourth or above (undergrad)	75	26.6	--	--
Graduate Student	25	8.9	--	--
Program				
Recreation and Leisure Studies	154	54.6	--	--
Other	128	45.4	--	--

Note: sex is coded 0=male, 1=female

Table 2

Descriptive Statistics for Independent Study Variables

Variables	M	SD	Skewness	Kurtosis
Attitudes Toward Complaining:				
Norms	10.26	1.99	-.44	.01
Worthwhileness	11.80	2.33	-.22	-.08
Societal Benefit	11.40	1.68	-.07	-.10
Personality Traits				
Locus of Control	6.24	1.69	-.35	-.36
Avoidance	21.98	3.72	-.35	-.01
Manipulation Check				
Failure Severity	2.78	1.40	.16	-1.30

Note: descriptives reflect means and standard deviations following item deletion stage

Table 2 provides the results of descriptive statistics for independent variables in the

analyses. Table 3 offers the results of descriptive statistics for dependent variables in the

analyses. The descriptive statistics indicate the scales fell into appropriate ranges and had

sufficient skewness and kurtosis scores to assume normal distribution. On the latter point, we

followed Kline (1998) who notes skew less than 3 and kurtosis less than 10 would not pose

significant issue.

Table 3

Descriptive Statistics for Dependent Study Variables

Variables	M	SD	Skewness	Kurtosis
Emotional Response				
Anger	8.99	3.40	-.14	-.85
Frustration	10.50	2.83	.59	7.72
Shame	6.74	2.81	.29	-.69
Guilt	6.38	2.49	.42	-.36
Regret	11.35	2.74	-.49	1.48
Dissatisfaction	7.18	1.95	-.13	-.80
Complaining Behaviours				
Vindictive Voice	5.80	2.62	1.01	.99
Vindictive nWOM	5.68	2.14	-.17	-.90
Problem-solving Voice	8.89	3.09	-0.95	-.63
Support-seeking nWOM	13.06	3.86	-.58	-.21
Service Recovery Preferences				
Compensation	3.82	1.26	-.80	-.43
Apology	3.45	1.11	-.55	-.39
Explanation	7.57	1.81	-.68	.29
Voice	2.93	1.09	-.21	-.77
Empathy	3.68	.94	-.72	.34
"Decisional control 1"	3.93	.69	-.65	1.40
"Decisional control 2"	3.36	.96	-.38	-.09
"process control 1"	3.35	.95	-.33	-.30
"process control 2"	2.15	.75	.92	1.62
"process control 3"	3.51	1.01	-.43	-.29
"Input"	3.53	1.01	-.59	-.07

Note: means represent a summation of items and are dependent on the number of items used in the scale. Items in the service recovery preferences section which are not strongly based off previous literature are arbitrarily named after what they *might* reflect and therefore have quotations.

4.3 Scale Analyses

Before building and testing models, we assessed the reliability of our scales. The Cronbach's alphas for each scale are reported in table 4. Items were deleted in cases where removing one item from the scale improved alpha levels. The Attitude towards Complaining scale initially revealed poor reliability. After deleting 1 item (item 3), the norm subscale reached an alpha of only .43. After 1 item was deleted (item 4), the worthwhileness of complaining scale reached an alpha of only .52. No items were deleted from the societal benefit subscale, as the three-item solution yielded the best alpha of only .49. These extremely low alphas are discussed in the limitations section. Nevertheless, analyses were later conducted with these scales. The scales for emotional responses yielded significantly better results.

Table 4

Results of Tests for Reliability for Scales

Scale Name	Number of items	Cronbach's Alpha (unstandardized)
Attitudes towards Complaining		
Norms	3	.429
Worthwhileness	4	.519
Societal Benefit	3	.486
Personality		
Locus of Control	2	.719
Avoidance	6	.742
Emotional Response		
Anger	3	.928
Frustration	3	.753
Shame	3	.824
Guilt	3	.729
Regret	3	.812
Dissatisfaction	2	.766
Complaining Behaviours		
Vindictive Voice	3	.894

Vindictive nWOM	2	.805
Problem-solving Voice	3	.877
Support Seeking nWOM	4	.908
Service Recovery Preferences		
Explanation	2	.774

4.4 Research Questions

RQ1: When the cause of the failure is ambiguous, to what/whom do users attribute blame?

Table 5 shows the results of a cross-tabulation for expected frequencies in each attribution of blame group based on failure severity. Results show significant differences (χ^2 = 30.602, df = 2, p = <.001). Chi-square results suggest a statistically significant difference in attribution of blame among the failure severity conditions. In the low failure severity condition, participants are more likely to blame the provider than themselves or other causes, though the difference between the three attributions is less pronounced. In the high failure severity group, participants are significantly more likely to blame the provider than themselves or other causes. This difference was much more pronounced.

Table 5

Results of Chi-square Test for Failure Severity and Attribution of Blame (n=284)

	Attribution of Blame		
Failure Severity	Self	Provider	Other
Low	47_a	67_b	26_a
	(30.6)	(88.7)	(20.7)
High	15_a	113_b	16_a
	(31.4)	(91.3)	(21.3)

Note. χ^2 = 30.602, df = 2*. Numbers indicate count while numbers in parentheses indicate expected count.*p < .05. Subscript letter denotes a subset of attribution of blame whose column proportions do not differ significantly from each other at the .05 level

RQ2: How well do attribution of blame and perceived failure severity predict negative emotions?

We answered this question in two different ways. First, we wanted to see if there were significant differences for the means of each emotional response across failure severity and attribution of blame groups. For the purpose of interpretation, only participants who blamed the provider or blamed themselves were included in the analyses. This is the case in order to keep models simple and to keep in line with the original purpose of the study. Furthermore, because the "other" attribution of blame group was added on a post hoc basis, we felt as though it should be not be included in these analyses. The third category, instead, was used to tease out subtle differences while answering research question 1.

Two sets of ANOVA tests were conducted. In the first, we tested for group differences in each emotional response across experimental condition 1 (high failure severity and low failure severity). Results indicate that all six emotional responses differed significantly (p<.05) based on failure severity. Furthermore, Table 6 shows the means and standard deviations for each emotion across failure severity and attribution of blame. Table 7 shows the results of the first ANOVA test (by failure severity), including measures of effect size.

Table 6

Means for Emotional Responses across Severity of Failure (High and Low) and Blame (Self and Provider) (with Standard Deviations in Parentheses)

	Emotional Response						
Failure Severity	Blame	Anger	Frustration	Shame	Guilt	Regret	Dissatisfaction

High	Provider	11.22 (2.50)	11.72 (1.88)	7.32 (2.70)	6.63 (2.44)	12.40 (1.94)	7.73 (2.05)
	Self	8.73 (3.01)	10.87 (1.68)	8.27 (3.26)	7.43 (3.08)	12.47 (3.70)	7.27 (2.87)
Low	Provider	8.40 (2.66)	9.93 (2.13)	5.95 (2.54)	5.91 (2.31)	10.69 (2.55)	7.28 (1.69)
	Self	5.58 (2.41)	9.00 (4.22)	6.30 (2.75)	6.30 (2.57)	10.20 (2.90)	6.39 (1.68)

Note. N = after casewise deletion, n = 236. All means represent a summed total for the items on each scale. Scales have a minimum score of 3 and a maximum score of 15, except dissatisfaction which has a maximum score of 10.

Table 7

Summary of ANOVA results and Measures of Association for Emotion by Failure Severity

Variable		Sum of Squares	df	Mean Square	F	n^2
Anger	Between Groups	810.47	1	810.47	104.14***	.31
	Within Groups	1821.17	234	7.78		
	Total	2631.64	235			
Frustration	Between Groups	255.36	21	255.36	38.80***	.14
	Within Groups	1559.70	237	6.58		
	Total	1815.05	238			
Shame	Between Groups	104.94	1	104.94	14.33***	.06
	Within Groups	1728.77	236	7.33		
	Total	1833.72	237			
Guilt	Between Groups	24.07	1	24.07	3.95*	.02
	Within Groups	1433.40	235	6.10		
	Total	11457.48	236			
Regret	Between Groups	219.16	1	219.16	36.62***	.13
	Within Groups	1418.59	237	5.99		
	Total	1637.75	238			
Dissatisfaction	Between Groups	33.89	1	33.89	9.21**	.04
	Within Groups	871.94	237	3.68		

models would allow an interpretation of the relative effects of each independent variable on each emotional response simultaneously. We conceptualized failure severity as a predictor variable and blame as a moderator. In these models, self-blame was coded as '0' and provider blame was coded as '1' so that results reflect more blame towards the provider. Tables 9 through 14 report the results of the analyses.

Table 9

Summary of Simple Regression Analyses for Variables Predicting Anger

Variable	B	SE	B	t
Intercept	3.283	1.11	--	2.94**
Sex	.18	.31	.03	.56
Age	-.07	.05	-.07	-1.62
Blame	4.77	.79	.61	6.05***
Failure Severity	2.22	.29	.92	7.8***
Blame*Severity	-1.11	.32	-.59	-3.53**
R^2				.52
F				52.44***

*p < .05. **p < .01. ***p < .001

Table 10

Summary of Simple Regression Analyses for Variables Predicting Frustration

Variable	B	SE	B	t
Intercept	7.06	1.10	--	6.43***
Sex	.28	.31	.05	.91
Age	-.08	.04	-.10	-1.76
Blame	2.79	.77	.43	3.60***
Failure Severity	1.95	.28	.96	6.96***
Blame*Severity	-1.10	.31	-.71	-3.55***
R^2				.33
F				23.89***

*p < .05. **p < .01. ***p < .001

Table 11

Summary of Simple Regression Analyses for Variables Predicting Shame

Variable	B	SE	B	t
Intercept	4.40	1.15	--	3.84***
Sex	.22	.32	.04	.69
Age	-.07	.05	-.09	-1.61
Blame	1.33	.81	.21	1.64
Failure Severity	1.97	.29	.98	6.77***
Blame*Severity	-1.15	.32	-.75	-3.57***
R^2				.26
F				17.53***

*p < .05. **p < .01. ***p < .001

Table 12

Summary of Simple Regression Analyses for Variables Predicting Guilt

Variable	B	SE	B	t
Intercept	4.19	1.06	--	3.94***
Sex	.25	.30	.05	.83
Age	-.07	.04	-.09	-1.56
Blame	2.42	.75	.42	3.23**
Failure Severity	1.9	.27	1.07	7.05***
Blame*Severity	-1.55	.30	-1.13	-5.18***
R^2				.19
F				12.36***

*p < .05. **p < .01. ***p < .001

Table 13

Summary of Simple Regression Analyses for Variables Predicting Regret

Variable	B	SE	B	t
Intercept	8.44	1.12	--	7.54***
Sex	.24	.31	.04	.76
Age	-.05	.05	-.06	-1.13
Blame	1.56	.79	.25	1.98*
Failure Severity	1.6	.29	.83	5.69***
Blame*Severity	-.77	.32	-.51	-2.45*

R^2				.25
F				17.14***

*p < .05. **p < .01. ***p < .001

Table 14

Summary of Simple Regression Analyses for Variables Predicting Dissatisfaction

Variable	B	SE	B	t
Intercept	4.64	.89	--	5.19***
Sex	.34	.25	.09	1.34
Age	.06	.04	.10	1.61
Blame	.63	.63	.14	.99
Failure Severity	.24	.23	.17	1.06
Blame*Severity	.01	.25	.01	.01
R^2			.06	
F				4.23**

*p < .05. **p < .01. ***p < .001

Results from the regression analyses indicated that all models were significant.

Models explained moderate and low variance in the dependent variable, ranging from 6%

(dissatisfaction) to 52% (anger). Across all models, neither age nor sex had significant

results at the p < .05 level. The general association of age and emotional response was

negative. Older age was associated with lower levels of emotion. The only case in which this

pattern did not emerge was for dissatisfaction (standardized beta = .06, n.s.). Sex, had a

positive, non-significant effect on emotional responses across all models. Because sex was

coded male=0 and female=1, being female was associated with small increases of each

emotional response.

The standardized betas indicated a positive and significant direct effect on emotional

response in four models. Anger, frustration, guilt, and regret were significantly increased as

blame was increased. Because blame was coded 0=self-blame and 1=provider blame,

positive increases in blame indicate more blame towards the provider. While the attribution

of blame was not significant on shame and dissatisfaction, blame demonstrated a positive

effect on all emotional responses, indicating emotional responses are increased when

participants blame the provider.

Failure severity displayed significant effects in five of the six models. Except for

dissatisfaction, the effect of severity on emotional response was significant at the $p = <.001$

level across all models. In all six models, the standardized coefficient estimate (B) for failure

severity was positive. This indicates that as failure severity increases, emotional responses

also increase.

The interaction term for blame and failure severity displayed significant effects in

five of the six models (excluding dissatisfaction). This indicates the strength of the

association between failure severity and emotional response is dependent on the attribution of

blame. Multiple sources have indicated that analyzing the betas for interaction terms

presented by SPSS can lead to faulty interpretation (e.g., Hayes & Matthes, 2009). Instead,

we follow the tradition of authors who generally recommend the pick-a-point approach to

understanding the interaction effect (e.g., Aiken & West, 1991; Jaccard & Turrisi, 2003).

Using this method, representative values of the moderator (typically the mean and plus and

minus one standard deviation from the mean) are selected and the effects of the independent

variable on the dependent variable at those values are estimated (Cohen, Cohen, West, &

Aiken, 2003; Hayes & Matthes, 2009). Using those estimates, the interaction term can be

plotted. Following this common approach, the conditional (i.e., controlling for age and sex)

interaction effects for blame (self, provider) and failure severity (high, medium, low) on each

emotional response were plotted for visual representation and interpretation. While a simple slopes analysis (see Preacher, Curran & Bauer, 2006) would indicate the exact significant difference of slopes at each representative point of the moderator, this goes beyond answering our research question. We were more concerned with the general association of severity and failure on emotional response. Thus, we stopped the analysis with the plotting of interactions. Figures 1 through 6 show the plotted interactions
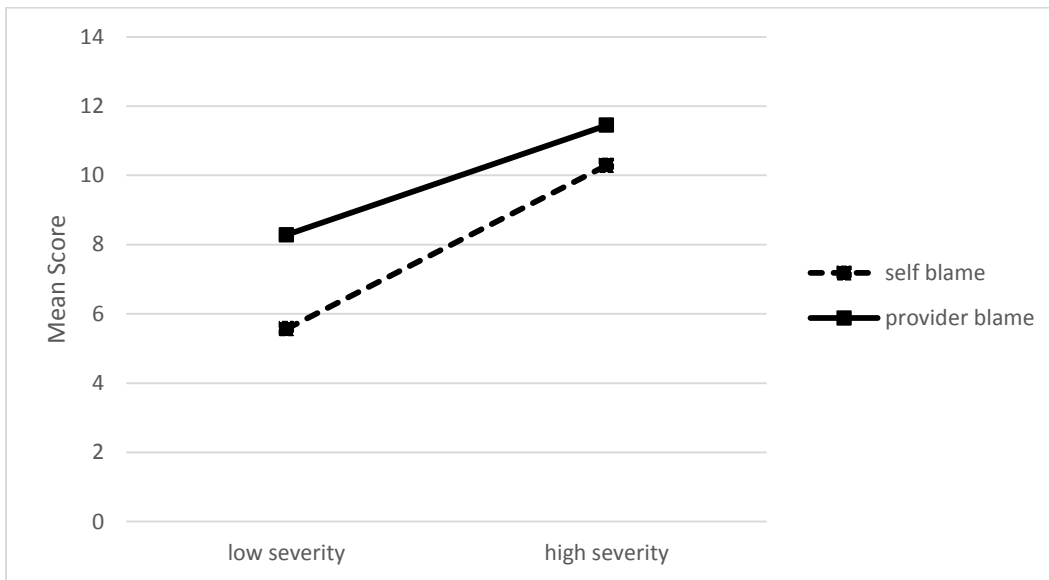
Figure 1. Mean score of anger across severity and blame conditions, holding age and sex constant at their means
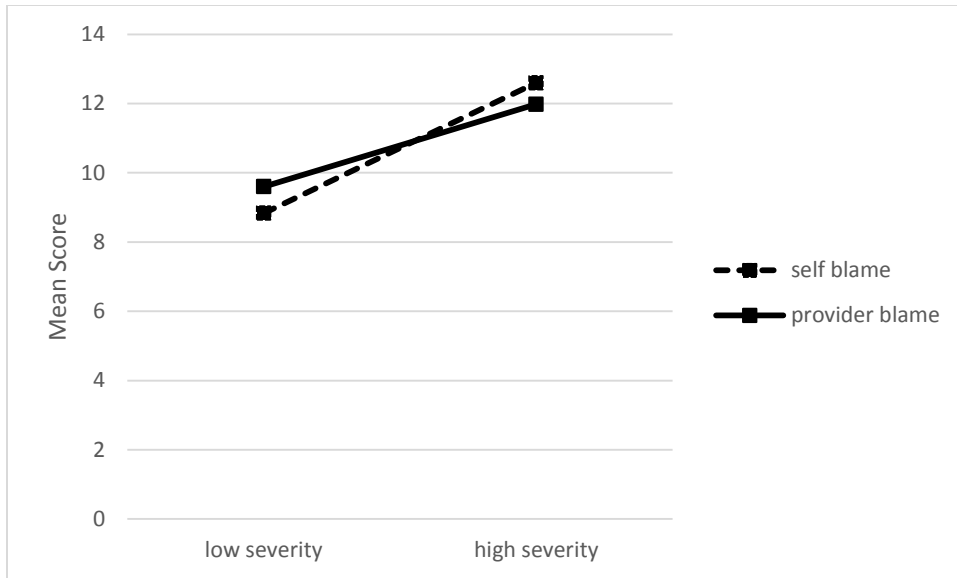
Figure 2. Mean score of frustration across severity and blame conditions, holding age and sex constant at their means
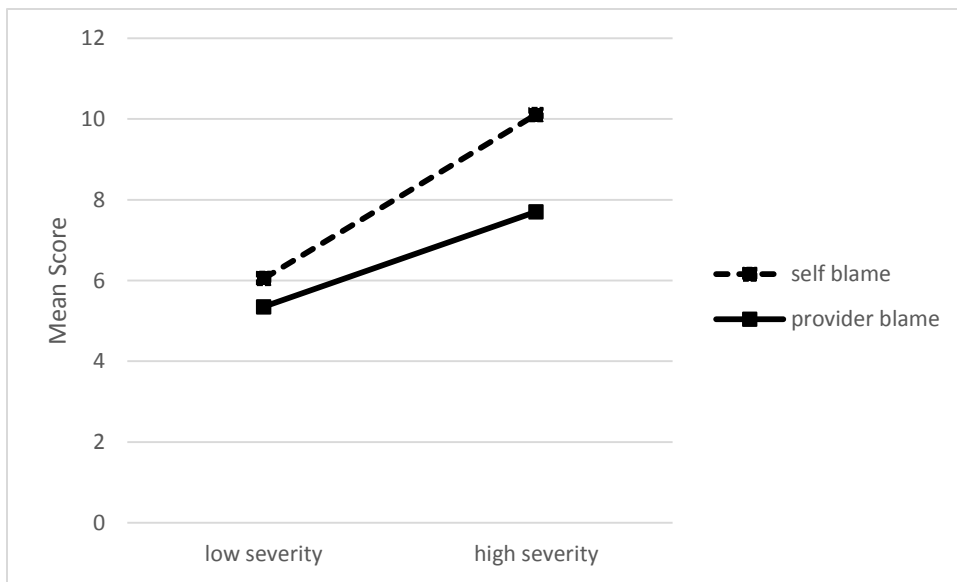
Figure 3. Mean score of shame across severity and blame conditions, holding age and sex constant at their means
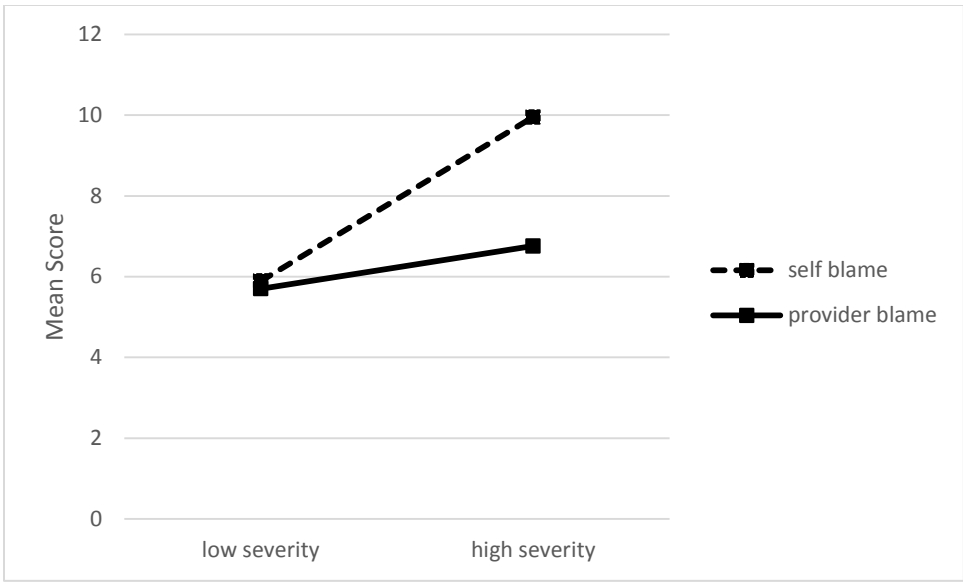
Figure 4. Mean score of guilt across severity and blame conditions, holding age and sex

constant at their means
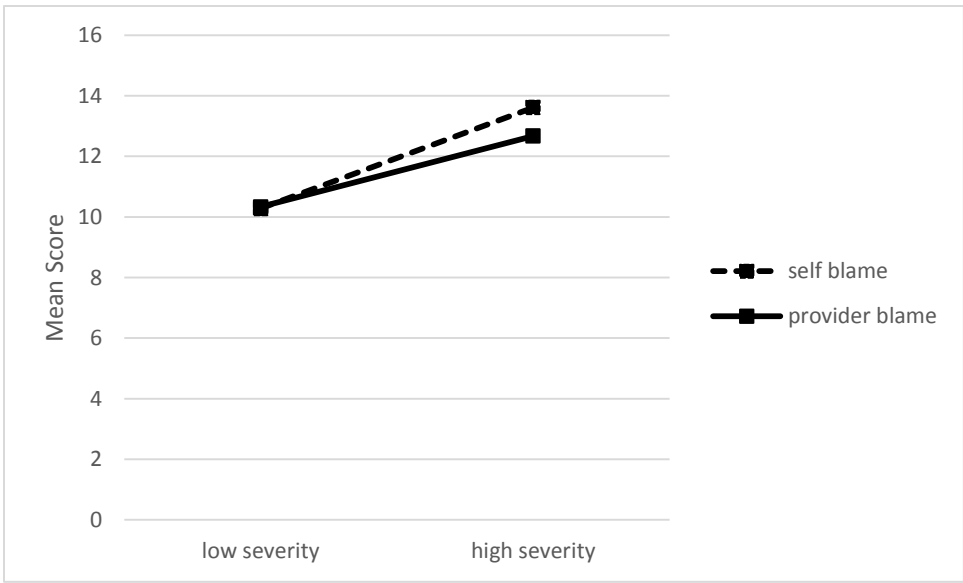
Figure 5. Mean score of regret across severity and blame conditions, holding age and sex

constant at their means
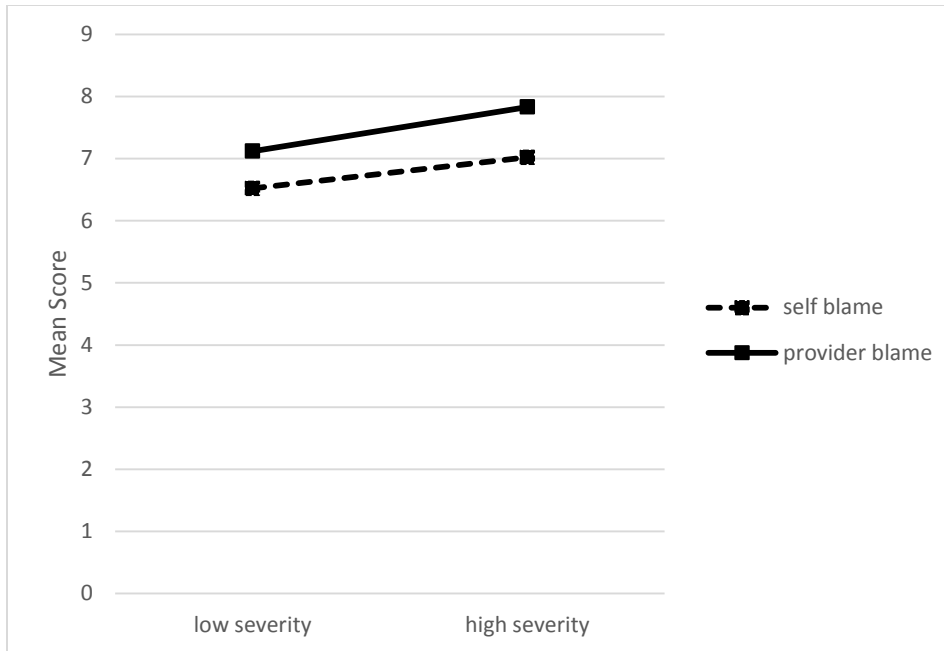
Figure 6. Mean score of dissatisfaction across severity and blame conditions, holding age and sex constant at their means

RQ3: What is the relative influence of each negative emotion in predicting the likelihood of each complaining behavior?

Using complaining behaviours as dependent variables, we built a series of regression models. Models were built in progression, starting with age and sex as a baseline. In model 2, blame (self or provider) and failure severity were added. In model 3, the interaction term between failure severity and blame was added. In model 4, the six emotional responses were added. Tables 8 through 11 report the results of the regression analyses.

Results from the regression analyses inform the answer to our research question. First, three of the four final stage hierarchical models were highly significant. ANOVA results suggest that the final models for vindictive negative word-of-mouth ($F = 18.97$, df= 11, 224, p <.001), vindictive voice (F=9.71, df= 11, 224, p<.001), and support seeking word-

of-mouth ($F=10.83$, df = 11, 224, p<.001) were highly significant. No models for problem-solving voice approached significance. The significant models explained modest variance in the complaining behaviour outcomes (adjusted r-squared: vindictive negative word-of-mouth = .46, vindictive voice = .29, support seeking negative word-of-mouth = .32).

Model three for each complaining behaviour did not explain additional variance over model 2 other than in the case of vindictive negative word-of-mouth. However, the r-squared change from models 3 to 4 were highly significant at the p < .001 level for each behaviour except for problem solving complaining. Recall that the differences between models 3 and 4 resulted from the addition of each negative emotion as predictors of behaviour. In model 3 for vindictive negative word-of-mouth and support seeking word of mouth, both failure severity and attribution of blame were highly significant. These effects became insignificant following the addition of negative emotions in model 4 for each behaviour. In other words, by model 4, with the inclusion of all negative emotions, failure severity, attribution of blame. And their interaction terms were all insignificant predictors of behaviour. Accounting for all the variables, emotions had a stronger influence of behaviour than did cognition.

Table 15

Summary of Hierarchical Regression Analysis for Variables Predicting Vindictive Word-of-Mouth

Variable	Model 1			Model 2			Model 3			Model 4		
	B	*SE*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE(B)*	*β*
Constant	5.47	.898	--	2.66	.80	--	2.05	.84	--	-.54	.92	--
Sex	.09	.29	.02	1.72	.24	.04	.13	.24	.03	-.01	.21	-.01
Age	.01	.04	.01	.01	.03	.02	.01	.03	.01	.03	.03	.04
Failure Severity				.65	.09	.43***	1.05	.22	.69***	.17	.11	.73
Blame				1.20	.29	.24***	2.26	.59	.46***	.80	.58	.16
Severity*Blame							-.489	.24	-.41*	-.07	.23	-.06
Anger										.22	.02	.34***
Frustration										.12	.05	.16*
Shame										.13	.06	.17*
Guilt										-.07	.06	-.08
Regret										.01	.05	.01
Dissatisfaction										.15	.06	.14*
R^2		-.01			.31			.32			.46	
F for change in R^2		.06			53.79***			4.22*			10.95***	

*p < .05. **p < .01. ***p <.001

Table 16

Summary of Hierarchical Regression Analysis for Variables Predicting Vindictive Voice

Variable	Model 1			Model 2			Model 3			Model 4		
	B	*SE*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE(B)*	*β*
Constant	6.93	1.08	--	4.55	1.06	--	4.13	1.14	--	2.257	1.23	--
Sex	-.99	.34	-.19**	-.87	.32	-.16**	-.89	.32	-.17**	-.97	.30	-.18**
Age	-.03	.05	-.04	-.02	.05	-.02	-.02	.05	-.03	.02	.04	.03
Failure Severity				.71	.12	.38***	.97	.29	.52**	-.12	.33	-.07
Blame				.15	.39	.03	.87	.80	.15	-1.03	.81	-.17
Severity*Blame							-.33	.32	-.23	.28	.32	.19
Anger										.37	.07	.44***
Frustration										.06	.07	.06
Shame										.14	.08	.15
Guilt										.03	.09	.03
Regret										-.05	.07	-.05
Dissatisfaction										-.06	.09	-.04
R^2		.03			.17			.17			.29	
F for change in R^2		4.2*			20.92***			1.05			7.51***	

*p < .05. **p < .01. ***p <.001

Table 17

Summary of Hierarchical Regression Analysis for Variables Predicting Support Seeking Word-of-Mouth

Variable	Model 1			Model 2			Model 3			Model 4		
	B	*SE*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE(B)*	*β*
Constant	11.11	1.57	--	7.59	1.54	--	6.55	1.64	--	.55	1.85	--
Sex	1.81	.50	.23***	1.92	.46	.25***	1.86	.46	.24***	1.62	.43	.21***
Age	.04	.07	.04	.05	.07	.04	.04	.07	.03	.09	.06	.08
Failure Severity				.84	.18	.31***	1.52	.42	.55***	-.07	.48	-.03
Blame				1.36	.56	.15*	3.16	1.16	.36**	1.04	1.17	.12
Severity*Blame							-.82	.46	-.39	.01	.46	.01
Anger										.11	.10	.10
Frustration										.38	.10	.28***
Shame										.11	.12	.08
Guilt										-.02	.13	-.01
Regret										.25	.09	.18**
Dissatisfaction										.09	.12	.05
R^2		.05			.19			.20			.32	
F for change in R^2		6.64**			22.23***			3.17			7.42***	

p < .05. **p* < .01. ***p* <.001

Table 18

Summary of Hierarchical Regression Analysis for Variables Predicting Problem Solving Voice

Variable	Model 1			Model 2			Model 3			Model 4		
	B	*SE*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE(B)*	*B*
Constant	9.06	1.29	--	7.88	1.36	--	7.86	1.46	--	7.27	1.79	--
Sex	-.65	.41	-.10	-.60	.41	-.10	-.60	.41	-.10	-.64	.42	-.10
Age	.01	.06	.01	.01	.06	.01	.01	.06	.01	.03	.06	.03
Failure Severity				.31	.16	.14*	.33	.37	.15	-.10	.46	-.04
Blame				.29	.50	.04	.33	1.03	.05	-.32	1.13	-.05
Severity*Blame							-.02	.41	-.01	.27	.45	.16
Anger										.09	.10	.10
Frustration										-.03	.10	-.03
Shame										.03	.11	.03
Guilt										.12	.12	.03
Regret										-.01	.09	-.01
Dissatisfaction										-.02	.12	-.01
R^2		.01			.02			.02			.01	
F for change in R^2		.1.29			3.08*			.01			.64	

p < .05. **p* < .01. ***p* <.0

The effects of specific emotions also differed across behaviours. For the final model of vindictive negative word-of-mouth, anger, frustration, shame, and dissatisfaction all displayed positive and significant effects at the $p < .05$ level. Guilt and regret were insignificant predictors of negative word-of-mouth. For the final model of vindictive voice, only anger displayed a positive and significant effect ($B = .44$, t = 4.71, p <.001). Frustration, shame, and guilt displayed positive non-significant effects, while regret and dissatisfaction displayed negative non-significant effects.

In the final model for support seeking negative word-of-mouth, positive and significant effects were found for frustration ($B=.28$, t= 3.70, p<.001) and regret ($B=.18$, t= 2.70, p<.01). All other emotions displayed non-significant effects for this behaviour.

In the case of problem solving voice, no variables generated significant effects. This model was also non-significant, so any effects which were found would have to be interpreted with caution. Dissatisfaction failed to predict complaining behaviours in all but one model. For vindictive negative word-of-mouth, dissatisfaction displayed a positive and significant effect ($B = .14$, t = 2.59, p < .05).

In the final model for vindictive voice, and support seeking word-of-mouth, sex displayed a significant direct effect. There was a significant negative relationship between sex and vindictive word-of-mouth ($B = -.18$, t = -3.27, p <.01) and sex and support seeking word-of-mouth ($B= .21$, t = 3.78, p <.001). Being female is negatively associated with vindictive word-of-mouth whereas being female is positively associated with support seeking word-of-mouth. Age was an insignificant predictor in the final model for all complaining behaviours.

RQ4: Does user disposition intervene in the relationship between emotion and complaining?

We sought to discover if any dispositional characteristics had significant effects on complaining behaviours. While the interactionist approach dictates situational variables interact with dispositional ones to predict situational behaviours, it would be impractical to construct interaction terms for each situational variable with each dispositional one in this study. To gain a broader understanding, we decided to test for relative effects of cognitions, emotions, and dispositions. In order to do this, we added a model 5 for each complaining behaviour. Recall that previously model 4 ended with age, sex, appraisals and their interaction term, and emotions as predictors. In model 5, we included all the predictors from model 4 with all the dispositional variables as independent variables for all complaining behaviour. These models allowed us to understand the relative effects of disposition and situation, and would reveal any significant changes in effects from model 4 to model 5.

For vindictive word-of-mouth, a significant r-squared change (F =2.94, df= 5, 219, p<0.5) occurred between models 4 and 5. ANOVA results also suggest that model 5 was highly significant (F=14.52, df=16, 219, p<.001). This means the addition of dispositional factors increased the significance of the model. Specifically, the adjusted r-squared value moved from .46 to .48. With respect to effect changes from model 4 to 5, all variables in model 4 had been insignificant predictors of problem-solving voice and remained so in model 5. The only significant effect from the dispositional variables added in model 5 was avoidance (*B*= -.16, t= -3.21, p<.01). Avoidance had a significant negative effect on vindictive negative word-of-mouth.

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For problem-solving voice, a significant r-squared change (F =3.32, df= 5, 219, p<0.1) occurred between models 4 and 5. ANOVA results also suggest that model 5 was significant (F=1.86, df=16, 219, p<.05) whereas model 4 was non-significant. This means the addition of dispositional factors increased the significance of the model. Specifically, the adjusted r-squared value moved from .01 to .06. With respect to effect changes from model 4 to 5, all variables in model 4 had been insignificant predictors of problem-solving voice and remained so in model 5. The only significant effect from the dispositional variables added in model 5 was societal benefit (*B*=.21, t=2.99, p<.01).

For vindictive voice, a significant r-squared change (F =5.11, df= 5, 219, p<.001) occurred between models 4 and 5. ANOVA results also suggest that model 5 was highly significant (F=8.89, df=16, 219, p<.001). This means the addition of dispositional factors increased the significance of the model. Specifically, the adjusted r-squared value moved from .32 to .39. With respect to effect changes from model 4 to 5, no changes in direct of effect or significance level were made. The only significant effect from the dispositional variables added in model 5 was avoidance (*B*= -.25, t= -4.35, p<.001). Avoidance had a significant negative effect on vindictive voice.

For support seeking negative word-of-mouth, a non-significant r-squared change occurred between models 4 and 5. ANOVA results suggest that model 5 was highly significant (F=7.89, df=16, 219, p<.001), but failed to explain, to a significant degree, more variance in vindictive negative word-of-mouth than model 4. This means the addition of dispositional factors did not increase the significance of the model. Specifically, the adjusted

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r-squared value did not move from .32. None of the dispositional factors had significant effects at the p<.05 level.

RQ5: What is the role of appraisals and emotion in determining service recovery preferences?

We answered this question in two stages. In the first stage, we conducted a series of t-tests for mean differences in each preference based on (a) failure severity, (b) attribution of blame, and (c) cost of ticket. Table 19 shows the results.

Table 19

Results of t-tests for Recovery Preferences by Failure Severity, Blame, and Cost of Ticket

	Test					
Variable	Failure Severity		Blame		Cost of Ticket	
	df	*T*	*df*	*t*	*df*	*t*
Explanation	271	-4.93***	229	-6.60***	265	-.97
"Process1"	271	-1.92	229	-.57	264	-1.27
"Process2"	271	1.79	229	3.28**	265	-.70
"Decision1"	272	-3.03**	230	-3.26**	265	.22
"Decision2"	272	-5.55***	230	-3.60***	265	-.17
Apology	271	-3.93***	229	-4.31***	265	-.55
Voice	271	-1.95	229	-2.33*	264	-.55
Compensation	272	-7.86***	230	-5.10***	265	-.28
Empathy	272	-2.57*	230	-3.27**	265	.79
Input	271	.3.43**	229	-3.46**	264	.93
"Process3"	271	-2.50*	229	-2.25*	264	-.11

* p < .05.

Results of the t-tests indicate that significant differences in service recovery preferences exist based on failure severity and blame, but not based on the cost of ticket. This is perhaps due to an ineffective experimental manipulation. The cost of the ticket in the low cost group was $5.00 whereas it was $35.00 in the high cost group. This difference of $30.00 seemed ineffective in creating group differences.

For failure severity, significant differences occurred in 8 of 11 preferences. The negative difference indicates that those in the low failure condition had a significantly lower mean score than those in the high failure condition. There were no positive and significant differences for preferences between failure severity groups.

For blame, all but one preference was significant between self-blame and provider blame groups. All but one of the differences were negative, which indicates that the self-blame group had significantly lower scores than the provider blame group across preferences. The exception was for "process2" which measured the degree to which participants agreed with the statement "for the leader to take charge of the situation". The item was actually reverse coded so as to measure the extent to which the participant *would* want to be involved. Therefore, this item followed a similar pattern to all other items.

In the second stage of this question, we monitored how preferences differed based on emotion. Frustration, shame, regret, and dissatisfaction were removed from further analyses. Given that shame, guilt, and regret shared moderate to high correlations ($r = .32$ to $.72$, $p<.001$), as did anger and frustration ($r = .63$, $p<.001$) we selected guilt to represent shame and regret, while anger, which has been conceptualized as on the same continuum as frustration (Gelbrich, 2010) would be a representative for both.

This choice was based on measures of dispersion for the emotional response. Regret, in particular showed a rather negative skew as scores tended to group on the high end of the scale and would not provide great variation in further analyses. Anger and guilt, however, displayed large differences on means based on failure severity and attribution of blame. Interestingly, anger and guilt represent differential effects across blame attributions in that

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regardless of failure severity, guilt is always higher with self-blame, and anger is always higher with provider blame. Finally, anger and guilt represent two pervasive emotional responses. Further, providers may be able to observe guilt and anger much more than with other emotions. Previous literature has demonstrated the noticeable physiological and behavioural effects of anger (Beck & Fernandez, 1998; Bougie, Pieters, & Zeelenberg, 2003; Lerner & Tiedens, 2006; Siegman, 1993) and guilt (Tangney, 1996). Angry people likely become louder and more boisterous (Bushman, 2002) whereas guilty individuals tend to display depressive symptoms and social anxiety tendencies (Kim & Thibodeau, 2011). Given these stark differences, we wanted to see how these emotions effect service recovery preferences.

We conceptualized anger and guilt as dichotomous variables consisting of high ('1') and low ('0') categories. We did this in order to magnify the differences in the effects of low and high values of common negative emotions on service recovery preferences. Though this approach to dichotomizing data can provide misleading results (MacCallum, Zhang, Preacher, & Rucker, 2002) seemed appropriate for this situation because we are interested in differences between high and low cases of these emotions.

Specifically, we compared means for each service recovery attribute across high and low values of anger and guilt. Table 20 reports the results.

Table 20

Results of F-tests and Effect Size (Eta Squared) for Recovery Preferences by Anger and Guilt

	Emotional Response					
Variable		Anger			Guilt	
	df	F	n^2	Df	F	n^2
Explanation	72	23.71***	.25	100	1.27	.01

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"Process1"	72	.08	.01	100	2.53	.12
"Process2"	71	1.82	.03	100	.84	.01
"Decision1"	72	7.68**	.10	100	.07	.01
"Decision2"	72	20.42***	.23	100	4.36*	.04
Apology	71	21.41***	.24	100	1.27	.26
Voice	71	7.96**	.10	100	9.34**	.09
Compensation	72	31.87***	.31	100	2.46	.02
Empathy	72	10.37**	.13	100	1.59	.02
Input	71	17.80***	.20	100	.65	.01
"Process3"	71	13.45	.16	100	1.14	.01

Notes: df represents total df (within groups df plus between groups df), * p < .05.

Results of the test indicate that preferences change as a result of anger and guilt. Significant differences in the favourability of recovery preferences happened between high and low levels of anger in 8 of 11 preferences. Significant differences in the favourability of recovery preferences happened between high and low levels of guilt in 2 of 11 preferences.

For both anger and guilt, significant differences occurred in "decision2" which reflected how much "say" individuals would want in their recovery. When angry, it appears users want to have some say in the solution to their problems (M= 3.88, SD=.81) whereas "say" is less important for those who are less angry. Both high (M=3.49, SD=.78) and low (M=3.08, SD=1.16) levels of guilt respondent near the mid-point of the scale, but those who felt more guilt wanted more "say" in the recovery.

The only other significant difference in recovery preference for high and low guilt was for voice. The voice item reflected how much the user would like to have an opportunity to talk about their feelings. Those who felt guiltier wanted more of an opportunity to talk about their feelings. This result was consistent with anger; higher levels of anger desired more opportunity to speak about feelings than did lower levels of anger.

Differences in means for all other preferences between high and low anger groups were significant other than two: "process1" and "process2". Process1 reflects the extent to which individuals would like to have minimal effort in the recovery. Higher scores indicate a desire for less effort. The high anger group did not differ significantly from the low anger group and both mean scores fell just above the midpoint of the 5-point scale. Process2 reflects the extent to which the user would like the leader to "take charge" of the situation. This item was reverse coded so that higher scores are associated with a desire for the leader to *not* take charge. The two groups did not differ.

Additionally, the high angry group reported higher favourability for explanation, "decision1", "decision2", apology, compensation, empathy, input, and "process3". Compared to the low anger group, angrier people wanted significantly more explanation from the provider about the cause of the problem, more choice, more of an apology from the provider, more compensation, more empathy, to be more involved in the solution of the problem, and more of an opportunity to suggest what leaders could have done better.

Chapter 5: Discussion

5.1 Outline

This chapter discusses the results for analyses for each of the research questions in order. We begin by discussing attribution, and then move on to discussing the role of appraisals in predicting negative emotions. Next, we discuss the relationship between negative emotions and consumer complaining as a coping mechanism. The explored relationships between emotion and service recovery preferences are then discussed. Finally, the chapter concludes with discussing this study's implications for future research and practice.

5.2 Research Questions

RQ1: When the cause of the failure is ambiguous, to what/whom do users attribute blame?

To answer this question, we developed a service failure scenario that provided participants with limited information. We wanted to see to what or whom participants would attribute failures when insufficient information was provided. The social psychology literature informed our approach and stated that the attribution would be explained by a number of perceptual biases.

On an ad hoc basis, we grouped participants into a self-blame, provider blame, or other blame attribution condition. This was done after analyzing qualitative text provided by the participants. We then performed a non-parametric cross-tabulation to show the observed and expected frequencies for those three conditions across high and low service failure severity conditions.

According to our chi-square results, the observed frequencies significantly differed from the expected frequencies. Interestingly, in the low failure condition, participants were not significantly more likely to blame one cause over another. The distribution was rather even across the three groups. However, in the high failure condition, participants were significantly more likely to blame the provider than they were to blame themselves or some external cause.

This result seems to support the position that individuals have a self-serving bias which dictates that they will attribute blame to others in order to protect against attacks to self-esteem (Hastorf et al., 1970). Feelings of loss have been discussed to be related to the potential for embarrassment and disapproval (Modigliani, 1968). Therefore, it seems as though the severity of the failure increases, users shift blame from themselves to protect against potential disapproval. Because we desire to have a positive self-concept (see Markus & Kunda, 1986) and blaming one's self seems to harm that concept, freeing oneself from blame appears to be a coping mechanism in itself.

This is consistent with the defensive attribution hypothesis (Shaver, 1970). In this context, this hypothesis states that users will defend themselves against the effects of adverse events by attributing blame externally (Salminen, 1992). The more adverse the event becomes (i.e., higher the service failure severity), it seems individuals become more likely to protect their self-image or ego against harm by shifting blame elsewhere.

RQ2: How well do attribution of blame and perceived failure severity predict negative emotions?

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To answer this question, we built regression models for each of the six dependent variables in question (anger, frustration, shame, guilt, regret, dissatisfaction). Following in the tradition of cognitive theories of emotion, we hypothesized that emotions would be largely predicted by appraisals of the situation, which included attributions of blame, and perceived failure severity. We used these two variables and their interaction term, as well as age and sex as controls, to predict to emotional response.

Our results indicated that the predictive power of blame and failure differs greatly across each emotion. For anger, our variables explained 52% of the variance. In contrast, independent variables explained only 6% of the variance in dissatisfaction. Blame tended to have a strong positive influence on each negative emotion. Because we coded blame in such a way where provider blame was "higher" than self-blame, a positive effect indicates that negative emotions are substantially higher when the provider is to blame. The effects of blame of shame and dissatisfaction, however, were insignificant. Feelings of shame evidently do not differ greatly between self-blame and provider blame groups if other variables are held constant.

In all cases except dissatisfaction, failure severity displayed a highly significant and positive effect on emotional response. That is, negative emotions are heightened when the severity of the failure increases. This finding is consistent with previous research indicating adverse events and feelings of loss are positively related to a number of negative emotions. For example, Holak, Matveev, & Havlena (2007) noted that feelings of loss, which they conceptualized as a realization that the past cannot be recreated, are associated with sadness and an unattainable desire to return to the past. In our scenario, the high severity condition

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was told the bus to the event would not be coming. This represented an irreparable situation, in which many participants likely thought about how things would have been better if they had had a second chance. This feeling of loss is clearly related to a number of emotional responses.

Our control variables did not display significant effects in any models. Age displayed a negative but non-significant effect across five of six models (excluding dissatisfaction). It would appear that older individuals are less likely to have immediate negative responses to service failure, though not of any significant difference to their younger peers. This finding is in part consistent with research which indicates negative affect (e.g., an overall negativity) appears to decrease from early adulthood to older adulthood (Mroczek, 2001). Consistent with this finding and given that a large proportion of the sample was in their early 20s, it is not surprising the negative emotions tended to score in the higher regions of the scales.

Sex displayed a positive non-significant relationship with each emotional response. While females were more likely to report higher negative emotions, this difference was negligible. These findings are rather consistent with previous research. For example, McRae, Ochsner, Mauss, Gabrieli and Gross (2008) found through fMRI scanning that differences in emotional regulation occurred between men and women as evidence in neural pathways. In their study, men tended to use areas of the brain associated with emotion less when performing cognitive reappraisals.

That the pattern of effects of appraisals differed greatly between emotions and dissatisfaction is not surprising. The literature indicates that dissatisfaction is only partly based on emotion (Mattila & Ro, 2008; Zellenberg & Pieters, 2004). More so, there is large

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cognitive component of dissatisfaction which consists of the disconfirmation of previous expectations (Oliver, 1980). This study did not account for participant's previous experiences with service failure generally, nor did it account for previous negative experiences with the subjects of the scenario (i.e., the University of Waterloo and its orientation committee). Significant differences in dissatisfaction likely occurred as a function of the individual's previous experiences with service failure.

In all, this supports previous conclusions about the nature of dissatisfaction. While negative events have the potential to elicit dissatisfaction from users, dissatisfaction is more an overall evaluation of an experience and thus has a significant cognitive component. Judgments of dissatisfaction are likely influenced by the emotions felt following the failure, but are difficult to make without requisite information. Participants in our study who read only minimal information regarding the failure were perhaps unable to assess the extent of their dissatisfaction. Given more time or information to make sound evaluations, dissatisfaction may have played a different role.

That negative emotions were consistently higher when failure severity was high and the provider was to blame provides interesting insight into which perceptual biases are at work. For example, we found no support for an ego-centric bias. The ego-centric bias suggests individuals who are involved with a failure believe they exert more control over the event than they likely have, are more likely to blame themselves, and are likely to be more forgiving of the other parties involved. That we find no support for this position is likely a function of the scenario design. The scenario involved a rather low-contact service encounter between user and provider. That is, there was very little interaction between the two parties.

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As the level or frequency of the interaction increases and then failure occurs perhaps an ego-centric bias would be more prominent.

In summary, a clear pattern for negative emotions following attributions emerged from our results. When failures are small, minor, or not significant, negative emotions are also low. As the significance of the failure increases, so too does the strength of negative emotions. The relationship is also a function of perceptions of blame. The slope of the relationship between severity and negative emotion was moderated by blame in all negative emotions (excluding dissatisfaction). Regardless of the level of severity, negative emotions are higher when the provider thought to be at fault than when the users blame themselves. Interpreting the visual representation of these interactions, we can see that the slopes of the relationship between failure severity and negative emotions do not drastically change across blame groups. Therefore, there appears to be a relatively linear increase in negative emotion as both failure severity and blame towards the provider increase. Dissatisfaction largely did not follow these patterns likely because of its cognitive nature.

RQ3: What is the relative influence of each negative emotion in predicting the likelihood of each complaining behavior?

To answer this question, we built a series of hierarchical regression models with one of the four complaining behaviours as a dependent variable. Each dependent variable had four models, with model 4 being the most complete. Model 4 included age, sex, blame, attribution, the interaction of blame and attribution, and the six negative emotions. This allowed us to test for the relative influence of emotions while holding other variables constant. Our results revealed highly significant models for vindictive word-of-mouth,

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vindictive voice, and support seeking word-of-mouth, but not for problem solving voice. All interpretations of effects for this model need to be heeded with caution.

It is interesting to note that the directionality of the effects of attribution of blame differed across models. Though insignificant, higher blame was positively related to support seeking behaviour and vindictive negative word-of-mouth, and was negatively related to vindictive voice and problem solving complaining. This means users who blamed the provider for the problem were less likely to engage with the provider in either a problem-solving or emotional sense. Instead, users who blame the provider are more likely to complain to friends and family.

While this relationship is interesting, failure severity, attribution of blame, and their interaction failed to show significant effects in predicting behaviour after accounting for emotional responses across all four final models. This seems consistent with coping theory which suggests that behaviours immediately following adverse events are driven by emotions. When users experience service failure, they experience a number of negative emotions (Smith & Bolton, 2002). To cope with these emotions, they likely take a number of actions (DeWitt, Nguyen, & Marshall, 2008). Complaining has been shown to constitute one of these actions (Gelbrich, 2010). The likelihood that one of these actions occurs depends greatly on the intensity of the negative emotion felt, not on the appraisals of the situation.

This position is further emphasized by the non-significant effect of dissatisfaction in three of the four models was a poor predictor of behaviour. Because dissatisfaction is only partly based on emotions, or rather is only partly emotional in nature, and that it relies heavily on evaluations, it makes sense that dissatisfaction would be a poor predictor of

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complaining behaviours from a coping perspective. This is of course consistent with a number of previous studies that dissatisfaction tends to be a poor predictor of complaining responses (Singh and Widing, 1991). The existence of dissatisfaction perhaps signals an overall negative experience has occurred, but does not explain which actions might be taken as a result.

Instead the specific emotions model (Izard, 1977), which suggests that emotions are distinct yet related categories with continuums within each, greatly informs our understanding of complaining behaviour. Generally, each emotion had a similar positive influence on complaining behaviour. This is consistent with Westbook and Oliver (1991) who notes negative emotions tend to be highly correlated. This suggests that the likelihood of complaining increases as the overall negative valence of the situation increases. Further research investigating the effects of negative emotions on users' behaviours could seek to determine which other emotions omitted here play an important role in determining user responses.

Specific emotions played different roles in predicting complaining. Of these emotions, anger consistently displayed the strongest effect on complaining. The angrier the user became, the more likely they were to complain using vindictive word-of-mouth, vindictive voice, and support seeking word-of-mouth. For vindictive word-of-mouth, frustration, shame and dissatisfaction also increased the likelihood of complaining.

In certain cases, the effect of specific emotions slightly decreased the likelihood of complaining. The likelihood of vindictive word-of-mouth was slightly decreased as shame increased. This is consistent with previous research indicating that those who feel ashamed of

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their actions or experiences are less likely to want to talk about them (Mattila &Wirtz, 2004). Additionally, those who feel ashamed are more likely to develop escape strategies or to internalize feelings as a coping strategy. However, these patterns should be interpreted with caution in that many of the negative effects displayed by guilt, shame, and dissatisfaction, such as in the support seeking word-of-mouth model, were non-significant. Whether a true direct effect for these variables on complaining exists will require future research, perhaps with improved scales or more powerful study designs.

Future research interested in emotions and complaining could take a number of different routes. Should more of a situational approach be desired, researchers could seek to determine the homoscedasticity (or heteroscedasticity) of slopes between emotion and complaining across different blame and severity conditions. The question may become, do certain emotions play a more/less important role depending on the conditions (i.e., severity, attribution) of the failure?

Age was not significantly related to any of the complaining behaviours. Interestingly, the relationship between age and complaining was positive (though non-significant) across all models. This finding is inconsistent with a variety of studies in the service and marketing and health literatures. For example, Gronhaug & Zaltman (1981) found a negative relationship between age and complaining in a product context. Costa and McCrae (1980) found that age was related to complaining about health issues. Still, the effect was non-significant, which is often the case (e.g., Bearden & Teel, 1983; Singh & Wilkes, 1996)

Sex displayed highly significant results in the models for vindictive voice, and support seeking word-of-mouth. For vindictive voice, sex displayed a significant negative

effect. This suggests that males are significantly more likely to complain to the provider in an aggressive manner, or to purposely make more work for the provider. This finding is congruent with that presented by Hollandsworth and Wall (1977) who found that complaints voiced by men tend to be more assertive and direct. For support seeking word-of-mouth, sex displayed a highly significant positive effect. This suggests that females are significantly more likely than males to cope with negative emotions following service failure by complaining to friends and family for support. This is consistent with results that females tend to be more willing to disclose personal information with others (Pearson, 1985).

Together these results are consistent with coping theories which predict that coping behaviours are largely dependent on the individual's felt emotions. Generally speaking, negative emotions had an additive effect on complaint likelihood. That is, the more intense each emotion was, the more likely the individuals were to complain. Anger in particular seemed to play a significant role in increasing the likelihood of each complaint. Guilt and shame decreased the likelihood of each complaint but only by non-significant margins. Dissatisfaction was generally a poor predictor of complaining behaviour.

While intuitive, the practical implication of this finding should not go unmentioned. Given that anger played an influential role in post-participation behaviours, providers must refrain from angering their users. This also suggests that the perceptions of the service and subsequent behaviours would be negatively influenced by emotions introduced to the encounter by the user. If a user arrived angry or became angry, it seems the provider should take a course of action to mitigate further anger in order to ensure the service is experienced to its full potential.

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Our results seemed to suggest support seeking was less of a problem-focused strategy and more an emotion-focused one. While previous literature has defined support-seeking behaviours as a problem-focused coping strategy (Gelbrich, 2010), we contend that it falls more closely in line with an emotion-focused strategy. Indeed, a review of the correlation coefficients for the four complaining behaviours indicates that support seeking word-of-mouth shows higher correlations with both vindictive voice and vindictive word-of-mouth than it does with problem-solving voice. In this light, support seeking seems less about a problem-solving approach and more about the control of negative emotions.

The literature indicates this may be the case for a number of reasons. When users talk constructively about their service experience to their friends and family they may be engaging in impression management (Kowalski, 1996). In effect, talking about negative experiences to trusted peers allows the individual to reconstruct the experience in their own words, perhaps changing aspects of reality to better suit their need for approval or acceptance. Upon hearing misconstrued events, the listener may be more likely to side with the aggrieved user. In turn, the user may reinforce a previously established perceptual bias to protect against harm to self-esteem.

In the health literature support seeking has been found to evoke support giving responses from others. In a study of dating couples, Collins and Feeney (2000) found that disclosing a personal problem with a partner lead the partner to respond with caregiving behaviours. Moreover, the bigger the problem disclosed the more the partner responded. This seems to suggest that support seeking word-of-mouth is more about finding console for dealing with the negative emotions which emerge through service failure than it about

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problem-solving. Indeed, while users must logically realize there is at least a small opportunity for even notoriously bad providers to recover following complaints directed towards them, users are less likely to receive compensation, apology or the like when they engage in support-seeking negative word-of-mouth complaining.

Problem-focused coping in the form of problem solving voice was less predictable. Largely, as negative emotions increased the difference in the mean likelihood for problem-solving complaining did not change at the rate the other behaviours did. This was found with a comparison of mean scores for complaining behaviours across levels of dissatisfaction and anger. ANOVA results found significant differences in mean scores for support seeking word of mouth (F=25.364, df=1,73, p<.001) vindictive word-of-mouth (F=107.382, df=1,73, p<.001), and for vindictive voice (F=42.210, df=1,73, p<.001) but not for problem solving word of mouth. The same pattern emerged for dissatisfaction.

Previous literature has indicated that users tend not to complain following satisfying experiences, at least not to the provider (Singh & Wilkes, 1996). Our results confirm this statement. The mean scores for problem-solving voice (M=8.89, SD=3.09) and vindictive voice (M=5.80, SD=2.62) scales, which have a maximum score of 15, suggest users are more likely to complain elsewhere. This is subsequently confirmed by the mean score of the support seeking negative word-of-mouth scale (M=13.06, SD=3.86).

Our findings also suggest that many users do not want to engage in problem solving behaviours with providers. In particular, if they find the provider to be at fault for the issue, and when regret is high, users seem to be less likely to deal with the provider. This implies that users lose faith in the provider's ability to recover from failure when the attribution of

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blame lies with the provider. We could speculate that this pattern indicates users are less likely to stay for a recovery experience and more likely to leave immediately.

The lack of predictability of problem-solving voice using emotions and appraisals of blame and severity as predictors indicates other factors outline the design of this study are at play. This finding as consistent with expectancies theories which predict that a given behaviour is more likely when that behaviour is seen as being instrumental towards a desired outcome. Particularly when providers are seen to be the cause of the blame and when feelings of regret emerge, it seems users' expectancy calculations for the benefit of complaining to the provider are low. The user has already experienced failure and likely does not trust the provider to have the ability to do anything about it.

Overall, our results largely support the conceptualization of complaining as a coping behaviour. The four behaviours were all positively correlated. This is consistent with previous research which indicates that each coping strategy is distinct and yet is likely to be correlated with one another (Smith et al., 2002). While we disagree with Gelbrich (2010) in that our results show support-seeking negative word-of-mouth as an emotion-focused coping strategy, our results generally confirm Gelbrich's (2010) earlier work. With the addition of shame, guilt, regret, and dissatisfaction, our models for the same dependent variables explained similar amounts of variance. Generally, this suggests that anger and frustration, the emotions Gelbrich (2010) originally used, are largely the driving force behind coping behaviours.

In a positive light, the mean scores for "good" behaviours (support seeking and problem solving) were higher than those of "bad" behaviours (vindictive voice and vindictive

word of-mouth) across the sample. The likelihood of each however greatly depended on which emotions were present. The emotions which were present were predicted by appraisals of the situation. This may represent an underlying desire to do well, to recover from failurer, or to solve problems, but which is overpowered by negative emotions.

RQ4: Does user disposition intervene in the relationship between emotion and complaining?

We found evidence to support that behaviour following service failure is based on both situational and dispositional variables. While controlling for the effects of appraisals, and emotions, the models for vindictive word-of-mouth, problem-solving voice, and vindictive voice improved with the addition of dispositional factors. We found that avoidance had a significant negative effect on vindictive negative word-of-mouth. Holding emotional state constant, those who have an overall tendency to avoid confronting problems are less likely to complain to friends and family about the negativity of the experience. This seems to be consistent with reports that those with general avoidance tendencies avoid situations which might be met with conflict or uncertainty (Feifel & Strack, 1989).

It is not surprising that the one dispositional trait which held a significant effect in the problem-solving complaining model was the societal benefit attitude towards complaining. Those with a positive societal benefit attitude are more likely to engage with the provider to solve problems. Although our understanding of problem-solving voice was as a problem-focused coping strategy, the significant role of societal benefit suggests also that users may complain to the provider because they have strong beliefs that complaining can improve the quality of service in the long run. Moreover, those with high societal benefit attitudes towards complaining also belief they have an obligation to complain. Even in negative

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situations in which feelings such as shame, guilt, or anger arise, it seems those with high

societal benefit attitudes will still likely engage with the provider.

With respect with vindictive voice, it is not surprising that avoidance had a significant

negative effect on the likelihood that complaining would occur. Even when negative

emotions were present, those with avoidance tendencies are less likely to complain in a rude

or otherwise nasty manner to the provider. Again, this is consistent with reports that those

with avoidance tendencies tend to choose escape strategies over confrontational ones

(Pizzolato, 2004).

The addition of dispositional factors did not improve the model for support seeking

negative word-of-mouth. Given that the attitudes towards complaining scale suffering from

poor internal consistency, and because the wording of the questions are directed at the

provider, an association between ATC and support seeking word-of-mouth would not be

expected. Avoidance, too, was an influential variable in modulating relationships between

negative emotion and areas for potential conflict. While support seeking complaints are

conceptualized as reaching out for help, for information, fact checking, and guidance,

vindictive voice and negative word-of-mouth have the potential to be met with opposing

views. It seems those with an avoidance personality make strategic decisions to complain

based on where they think their opinions are safest which in this case, support seeking word-

of-mouth.

RQ5: What is the role of appraisals and emotion in determining service recovery

preferences?

We ran two sets of tests to answer this question. Because of the exploratory nature of this part of the study, we were hesitant to hypothesize and build complex models. Instead, we opted for a more practical approach to assess differences in mean scores, which would in turn be helpful in determining basic recovery strategies given a number of conditions. In part one, we wanted to see if the favourability of any of the preferences changed based on the severity of the failure, the attribution of blame, and the cost of the ticket lost. As we noted in the results section, significant differences were not seen for any preferences based on high and low cost conditions. We attribute the failure of finding any effect to a faulty manipulation. Had we increases the high cost condition to $50.00 or more, changes might have been seen.

Failure severity greatly affected preferences in service recovery. When the failure is large, users want more compensation, apology, opportunity to talk about feelings, explanation for the issue, and more choice or "say" in the matter. Significant differences did not occur in the three items we had labelled "process" which reflected the manner in which users would like to have the recovery completed. Specifically the items seemed to reflect higher levels of being "involved" in the situation. Evidently the level of involvement participants would like does not significantly differ based on failure severity. Because we approached the understanding of service recovery preferences as a measure of favourability of each preference, it would appear that increasing compensation and apology, as well as providing opportunities for the user to get involved with decisions and being empathetic are strongly desired in high failure situations. This is relatively consistent with previous research which indicates compensation and apology tend to have positive effects on post-recovery satisfaction. (Matila & Wirtz, 2004). The effects of choice and input (or "say") have been

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discussed only briefly in the literature, yet seem to be important components of a successful recovery strategy. Interestingly, reports indicate that user satisfaction is increased when they perceive front line employees to be "in control" (Kolos & Kenesei, 2008). This doesn't mean the user wants to play no part in the recovery. Rather, they likely want to feel as though the employee has the ability to involve them and help them make decisions to recover.

That individuals seem to want an apology may be promising. According to a study done by Ohbuchi, Kameda, and Agarie (1989), receiving an apology may reduce future aggressive behaviours. In their experiment, when the harm-doer apologized, the "victim" was more likely to refrain from aggression against them. In the context of complaining, receiving an apology may reduce future aggressive beahaviours.

Conversely, that users wish to share emotions may prove to be potentially negative. While catharsis theory states that short bursts of aggression will decrease overall anger by means of a "purge", early research indicated this may not be so. Bandura (1973) and Geen and Quanty (1977) suggested that venting can reinforce already negative attitudes and actually increase aggressive behaviour. Similar results were presented more recently by Bushman (2002). More research on the long-term effects of facilitating users' voice is clearly warranted.

Sharing emotions can also create emotional contagion. Emotional contagion is the tendency to converge emotionally with others due to exposure to their displayed emotions (Hatfield, Cacioppo, & Rapson, 1994; Levy & Nail, 1993). When one individual feels a certain emotion and displays that emotion, others around them may adopt that emotion (Ashforth & Humphrey, 1995; Barsade, 2002; McColl-Kennedy & Anderson, 2005). In the

case of service failure, one user being angry may influence others who were initially not angry to share their emotions.

More is demanded of the provider when they are to blame for the problem. Significant differences between provider and self-blame occurred for all but one preference. Generally, the user wants "more" from the provider when the provider is at fault. This is consistent with the work of previous authors who have noted it is considerably more difficult to recover from a large failure. Because we found that large failures are likely to be attributed to the provider, we can infer that it is more difficult to recover from error when the user perceives the provider to be at fault. Authors note the reality is that providers must be willing to make more sacrifices in order to recover from failure. This indicates to the user a willingness to make-right the situation which could in turn increase perceptions of justice and therefore satisfaction.

It seems, however, that failures attributed to the provider become increasingly more difficult. One possible explanation for this position is that users lose trust in the ability of the provider to create positive experiences and therefore either (a) choose not to engage in service recovery by initiating a complaint or (b) manipulate their own expectations for recoveries, raising their standards for such things as compensation. Bejou and Palmer (1998) found that initially aggrieved users are less certain about failure immediately after it happens. If they are able to recover from failure, providers can actually increase trust (Bejou & Palmer, 1998) but they may first lose trust. Initial service failure may indicate to the user that the provider is not capable of recovery and therefore the ends to which the provider must go

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to really prove to the user they can recover is more taxing than it would be in small, self-blame situations.

We also addressed the mean differences in preferences based on anger and guilt. The health literature indicates that visual differences can be seen in emotional individuals (e.g., Lawler-Row, Karremans, Scott, Edlis-Matityahou, & Edwards, 2008). According to the mobilization-minimization hypothesis discussed by Taylor (1991), individuals who experience adverse effects are quickly motivated to display a great deal of emotion and then will minimize those emotional responses over the long-run.

That preferences for the decisional control items differed across anger but that the process control items did not warrants attention. Our exploratory approach unfortunately can do little to probe the deeper meaning of these differences, but it does appear that preferences for user involvement differ greatly from case to case. Indeed, Bowen (1986) argued that determining the optimal level for participation is a matter of strategy. While increasing involvement through giving more choices, for example, seems to be a preference of angry users, caution should be used before providers simply ask users what they want.

Increasing user participation can also be associated with problematic behaviours which occur when the user lacks control or knowledge of responsibilities in the situation (Bitner et al., 1997). This is the case because the user is a constant source of uncertainty. Because emotions have the potential to overpower cognitive systems that involve rationalizing and reasoning (Gray, Braver, & Raichle, 2002), angry individuals may say they want to participate but do not have the ability to do so effectively. This may be true for all

negative emotions. While a desire for participation may be present, emotional users may prove to hurt more than they help.

Both angry and guilty individuals want an opportunity to talk about their feelings but likely for different reasons. Those who are angry and are searching for an opportunity to talk about feelings may do so in one of two ways. First, and perhaps more problematic, angry individuals may wish to "blast" the provider through yelling and screaming. Blasting would constitute a direct verbal attack during recovery. Venting, a second way angry users can voice their feelings, refers more to generally discussed feelings. Venting is likely not directed at the provider but rather at the situation. By intently listening, providers may play a facilitative role in decreasing anger. In turn, the positive attitudes which may be a result of this process, particularly if associated with the provider, may constitute successful recovery. Particularly if the "problem", such as a bus which will not be coming as in our scenario, is unfixable, service recovery may mean listening intently and diffusing emotions.

For guilty individuals, the opportunity may play an important role in dealing with their guilt.

5.3 Limitations

There has been cause for concern regarding the use of students as a sample when studying user behaviour, broadly defined. As Doty and Silverthorne (1975) note, many student participants in social-psychological research "typically have more education, higher occupational status, earlier birth position, lower chronological age, higher need for approval and lower authoritarianism than non-volunteers" (p. 139).

Still, the use of students as a sample is widely used and justified in the user behaviour literature (e.g. Bodey & Grace, 2006; Gremler & McCollough, 2002; Lala & Priluck, 2011). This is the case for two reasons. First, the experiences of students and other users are likely to be similar in the context of service failure (Craighead et al., 2004). That is, students are equally likely to experience failures in service as other user groups and these experiences are likely to be similar. Second, students can be a legitimate surrogate for "real" user groups. Students in universities are likely to differ based on personal characteristics such as sex, age, race, culture, and socio-economic status.

In regards to the intention to behaviour link, this study measured only intentions. Many authors in the social psychology literature show concerns over the intention-behaviour link. Intentions or attitudes predict behaviour only when the influence of others is minimalized, the attitude corresponds closely to the behaviour, and the attitude is potent (Ajzen, 2011). Because this study was an initial step at bringing together a diverse literature, future research can look to assess actual complaining behaviour using these theories.

The limitation of low alpha scores for the three attitudes towards complaining scales presented by Richins (1982) should be noted. Without a truly reliable instrument for measuring attitudinal constructs, it is difficult to claim that the results we presented here are truly valid. Future research can look to understand why these scales were not reliable, develop reliable scales, and use those scales to understand the relationship between disposition and complaining behaviour.

Finally, a number of authors have shown concern for the external validity of survey-based experiments (Peterson, 2001). This is the case for a few reasons. First, experimental

designs in service research are unlikely to fully capture the complexity of real-world failure and recovery encounters (Betts et al., 2011). The over simplification of scenarios may fail to capture important aspects of reality. Second, participants are unlikely to experience the full range of emotions that actual failure encounters would generate (Widmier and Jackson, 2002; Wirtz & Mattila, 2004).

5.4 Implications

Both theoretical and practical implications emerged from this study. Four broad theoretical relationships were addressed in this study: appraisals and emotions, emotions and complaining, disposition and complaining, and emotions and service recovery preferences. With respect to theory, we have provided further evidence in support of cognitive theories of emotion. Immediately following service failures, the types and intensities of certain negatively valenced emotions which emerge are largely dependent on the users' appraisals of the situation. Future research to look to understand which negative emotions continue to emerge as the most dominant and under which conditions they occur. Different component parts of appraisal theory, such as stability of blame, could be entered into analyses in order to tease out more complex relationships. Kelley (1967) noted that emotions and behaviours are dependent on a number of factors in appraisal contexts.

We also provided some insight into why users may blame the provider for failures in ambiguous situations, particularly as the severity of the problem escalates. Future research interested in this phenomenon could seek to understand which other factors prove to be important in this process. For example, a variable we excluded from our study was that of social presence. Individuals tend to experience a spotlight effect in negative events in that

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they overestimate the number of people watching (Gilovich, Medvec, Savitsky, 2000). By manipulating scenarios to include and exclude different types of social presence, many new insights may be revealed.

This study also found a great deal of support in favour of conceptualizing users' complaining behaviours as a coping mechanism for negative emotions. In our study, the correlations between three of four complaining behaviours and similarity of the effects of similar variables lead us to believe that support-seeking behaviour could be reconceptualzied as an emotion-focused strategy. Future research should look to include other post-failure behaviours to gain a deeper understanding of the ways in which users may cope with their negative emotions. For example, the service literature is rife with reports of users' switching and exiting behaviours. Coping theory may help to predict these behaviours.

Future research could also look at the role of previous experience in determining the likelihood of different emotional responses. Recent research indicates that previous experiences with failure might numb users' reactions to it (Ben-Haim, Mama, Icht, & Algom, 2013). Furthermore, the effects of relationship variables such as trust, commitment, and rapport could be studied.

We also addressed the role of dispositions in understanding complaint behaviour. Largely our results were inconclusive as the result of faulty instrumentation. However, we did approach evidence to support the theoretical role of users' dispositions in the emotion-complaining relationship. Certain stable personality traits may have the potential to interact with situational drivers to predict complaining behaviours. To our knowledge, this was the first attempt to marry the interactionist approach to understanding behaviour with coping

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theories as an explanatory theory for consumer behaviour. Future research should look to the health literature to see which dispositional traits tend to associate with certain coping behaviours. One these relationships have been more thoroughly examined, a theoretical model of interactions between situational variables, traits and coping strategies could be applied to service failure contexts.

Finally, we looked at the relationship between emotions and recovery preferences. Because this study connected many different dynamics of the service failure and recovery experience, it was difficult to tease out complex relationships. Our exploratory approach, while grounded in theory, yielded only modest results. A particular focus should be given to defining and conceptualizing customer involvement in service recover, the factors which influence its desirability from the users' perspective, and the consequences of involving users in recovery. We provided some support that there is a desire from participation, and that this desire changes as a result of a number of factors. This area of research would prove to be fruitful.

A number of practical implications can also be drawn from this study. First and foremost, it remains true that practitioners should be reminded that striving for excellent service quality on the first effort is crucial to service excellence. While previous research has indicated service recovery is possible, it is unlikely (Michel & Bowen, 2008). We did not aim to provide information to providers based on the ways in which they can manipulate users' complaining behaviour. However, it is important for providers to understand why a user is complaining (or chooses not to). While complaining often carries a negative connotation (Kowalski, 2002), users should note that not all complaints are meant to be vindictive.

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Indeed, in some cases users genuinely want to develop an amicable solution to the problem they experience.

A big theme in this study has been around service recovery and the design of service recovery programs. Following Gruber (2011), we believe that if providers know what complaining customers expect, they can take steps to prepare staff to take appropriate action. We tried to gain insight into the desires of users in service recovery. However, largely, the results indicate one core truth: there is no one magic recovery system. Although managers look for one best way to recover from failure, no one strategy is effective across all situations (De Ruyter & Wetzels, 2000; Roggeveen, Tsiros, & Grewal, 2012). Different individual uses want different things from their recoveries. These desires, we've found, can be explained partly by situational variables such as negative emotions.

Providers should look at recovery as "a process that identifies service failures, effectively resolves user problems, classifies their root causes, and yields data that can be integrated with other measures of performance to assess and improve the service system" (Tax and Brown, 2000, p.272). The key message in this definition is that providers need to listen to their aggrieved users to develop solutions in a participative manner. Consistently results indicated that providing users with opportunities to make decisions, to have a "say" in what happens, and to have feelings of control were desired. While the effects of compensation and apology are well-known in the literature (e.g., Griffin, Babin, & Darden, 1992; Wirtz, & Mattila, 2004), providers should note that they have an opportunity to improve recovery programs by including their users in them. However, if providers do

choose to involve users, they must do so wholeheartedly. Giving the illusion of participation or control to the user may in fact have an adverse effect (Cohen, 1985).

From this perspective, manager should train and develop staff to listen actively in an empathetic manner (Gruber, 2011). Dube and Menon (1998) proposed that this could be done by mimicking displays of negative emotions to signal to the user a connection or similarity. Staff should also be trained to understand the emotional responses users might experience. Because users' potential behaviours and preferences for recovery largely depend on those emotions, employees may be able to predict the correct approach to addressing the failure based on recognition of negative emotions.

Finally, consistent with this training, employees need to be empowered in both a structural and psychological sense in order to deal with negative emotions. The potential window for capturing and understanding users' emotions is quite small. If nothing is done by the provider immediately, emotions can build and lead to complaints which will largely not benefit the provider in any way. Because it is the behaviours and attitudes of front line employees which influence perceptions of service quality and recovery (Hartline & Farrell, 1996), employees need to have the skills, abilities, and freedom to tailor recoveries specifically to the user and to the situation. Furthermore, the behaviours which employees display might actually influence the emotions for users. To do so, employees might be able to spread positive emotions to their users. Just like with negative information, a positive emotional response can encourage others like it (Sutton, 1991; Sutton & Rafaeli, 1988).

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Appendix A: REFERENCES

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Appendix B: RECRUITMENT SCRIPT

Script to Be Read By Researcher to Potential Participants:

- *This study investigates possible connections between users' complaint-related attitudes, motivations, and behaviours, as well as their preferences for service recovery. As an individual with user experience, your perspective is valued in this study. I would appreciate you taking the time to complete a brief questionnaire about your experience on this topic.*

- *Your participation is in no way mandatory – it is entirely voluntary. Participation will in no way influence your mark in this class. It should take no longer than 11 minutes to complete the questionnaire.*

- *I assure you that your participation is anonymous. No personally identifying information will be collected.*

- *I assure you that this study has received ethics clearance through the Office of Research Ethics at the University of Waterloo, however the final decision to participate is yours. If you have any questions, please see me and I would be happy to direct you to an appropriate contact at the University's Office of Research Ethics.*

- *Thank you for your time.*

Appendix C: INFORMATION LETTER

University of
Waterloo

Department of Recreation and Leisure Studies
University of Waterloo
200 University Avenue West, Waterloo, Ontario, Canada
N2L 3G1

Telephone: 519-888-4567
Fax: 519-746-6776

Investigation of Consumer Complaining and Recovery Strategies

November 2013

Dear Student:

I am a Masters student in the Department of Recreation and Leisure Studies at the University of Waterloo conducting research under the supervision of Professor Ron McCarville on consumers' complaining behaviours and their relationship with service recovery strategies. This study investigates possible connections between consumers' complaint-related attitudes, motivations, and behaviours, as well as their preferences for service recovery. As an individual with consumer experience, your perspective is valued in this study. I would appreciate you taking the time to complete a brief questionnaire about your experience on this topic.

I plan to conduct this research through a survey that will be distributed in your classroom. Though I hope you take part in completing the survey, your involvement is entirely voluntary and there are no known risks to participation. If you agree to take part, the survey should take no longer than 11 minutes to complete. The questions are quite general (e.g. "most providers are willing to adjust to reasonable complaints"). However, you may decline answering any questions you feel you do not wish to answer. No names will be collected from participants in this study so you will not be identified by name in any reports or publications resulting from this study. Paper records of data will be kept for one year and electronic data will be kept for two years and then will be destroyed.

You can decide not to turn in your questionnaire if you wish or to return a blank questionnaire. Your professor/course instructor will not know who participated or did not. Your decision to participate or not will have no impact on your course grade or standing in your program.

If you choose to submit the questionnaire, please pass it to the front of the room directly to the researcher or into the box which will be made available to you.

If you have any questions regarding what you have read in this letter, or would like additional information to assist you in reaching a decision about participation, please feel free to contact Professor Ron McCarville at 519-888-4567 ext. 33048 or at mccarville@uwateloo.ca

I assure you that this study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee. However, the final decision to participate is yours. If you have any comments or concerns resulting from you participation in this study, please contact Dr. Maureen Nummelin in the Office of Research Ethics at 1-519-888-4567, Ext. 36005 or maureen.nummelin@uwaterloo.ca.

Thank you in advance for your interest and assistance with this research.

Sincerely,

David Drewery, *BA*
University of Waterloo
Applied Health Sciences
Dept. of Recreation and
Leisure Studies

Ron McCarville, *PhD*
University of Waterloo
Applied Health Sciences
Dept. of Recreation and
Leisure Studies

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Appendix E: SURVEY INSTRUMENT

Survey A 1

*A number of statements describing your **overall attitudes towards complaining** are listed below. Please circle the number that best reflects your view point.*

Concerning Complaining...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Most people whose opinion matters to me expect that I complain when I am dissatisfied with a product or service	1	2	3	4	5
Most people don't make enough complaints to providers about unsatisfactory service	1	2	3	4	5
Many people think ill of those who make complaints to providers even when the complaint is reasonable	1	2	3	4	5
People are bound to end up with unsatisfactory service once in a while, so they shouldn't complain about them	1	2	3	4	5
Most providers are willing to adjust to reasonable complaints	1	2	3	4	5
Many providers say they want their customer satisfied but aren't willing to stand behind their word	1	2	3	4	5
Employees are often quite unpleasant to customers who complain about unsatisfactory service	1	2	3	4	5
I often find it embarrassing to exchange products or complain about services I am dissatisfied with	1	2	3	4	5
Making a complaint about a bad service usually takes a lot of time	1	2	3	4	5
A consumer who complains to a provider about bad service may prevent other consumers from experiencing the same problem	1	2	3	4	5
People have a responsibility to society to tell providers when a service is poor	1	2	3	4	5
By making complaints about unsatisfactory service to providers, in the long run the quality of service will improve	1	2	3	4	5

*A number of statements describing your **beliefs about your control** in service-related experiences are listed below. Please circle the number that best reflects your view point.*

Concerning my control over my service-relate experiences...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The standard of service I receive will be partly a reflection of my ability and personal characteristics	1	2	3	4	5
My own skills and abilities will make a big difference to the standard of service I receive	1	2	3	4	5
I expect that by working hard in a service encounter I will influence the service I receive	1	2	3	4	5

*A number of statements describing your **tendency towards avoidance** are listed below. Please circle the number that best reflects your view point.*

Concerning my tendency towards avoidance...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Even if something bad is about to happen to me, I rarely experience fear or nervousness	1	2	3	4	5
I feel pretty worried or upset when I think or know somebody is angry at me	1	2	3	4	5
If I think something unpleasant is going to happen I usually get pretty "worked up"	1	2	3	4	5
I feel worried when I think I have done poorly at something important	1	2	3	4	5
I have very few fears compared to my friends	1	2	3	4	5
I worry about making mistakes	1	2	3	4	5

Please provide your general information:

AGE: _____ (years)   YEAR OF STUDY: _____

SEX: _____   PROGRAM: _____

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A hypothetical scenario is described below. Please consider the following scenario happening to you...

It is your first week at University. Part of the orientation week program is attending the "Water Extravaganza" event at a near-by waterpark on Friday afternoon. The park is a half hour drive and students will travel there together on a bus. You are looking forward to the trip and remain on campus all week so that you can take part.

Friday afternoon arrives and you line up for the bus only to discover that the bus is now full. The leaders tell you that another bus will arrive in 15 minutes.

How severe is this Failure (please mark an X)?

Not Very
Severe   :_____: :_____: :_____: :_____: :_____: Very
Severe

Who is to blame for the problem (please circle one)?

| I am to blame | The leaders are to blame |

Briefly describe why you think this to be the case.

We are interested in your feelings as the bus pulls away.

As the bus pulls away, I would feel...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Angry with the leaders	1	2	3	4	5
Mad with the leaders	1	2	3	4	5
Furious about the leaders	1	2	3	4	5
Frustrated about the situation	1	2	3	4	5
Disturbed by the situation	1	2	3	4	5
Annoyed at the situation	1	2	3	4	5
Embarrassed	1	2	3	4	5
Ridiculous	1	2	3	4	5
Humiliated	1	2	3	4	5
Mild guilt	1	2	3	4	5
Helpless	1	2	3	4	5
Intense guilt	1	2	3	4	5
Like I missed an opportunity	1	2	3	4	5
Like things could have gone better	1	2	3	4	5
Like things could have gone differently	1	2	3	4	5
I would be satisfied with my experience	1	2	3	4	5
The experience would have met my expectations	1	2	3	4	5

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*Which of the following **would you be likely to do** in this situation?*

I would likely...	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
Spread negative word-of-mouth about the leaders	1	2	3	4	5
Speak negatively about my experience to others	1	2	3	4	5
Tell friends and family about my experience	1	2	3	4	5
Purposely give the leader a hard time	1	2	3	4	5
Be unpleasant with the leader	1	2	3	4	5
Make one of the leaders pay for the problem	1	2	3	4	5
Talk to other people about my negative experience in order to get some comfort	1	2	3	4	5
Talk to other people about my negative experience to reduce my negative feelings	1	2	3	4	5
Talk to other people about my negative experience to feel better	1	2	3	4	5
Share my feelings with others	1	2	3	4	5
Discuss the problem constructively with the leader	1	2	3	4	5
Find an acceptable solution for both parties	1	2	3	4	5
Work with the leader to solve the problem	1	2	3	4	5
Use social media (e.g., Facebook, Twitter) to complain to others	1	2	3	4	5
Blog or write about my negative experience online	1	2	3	4	5
Look for a social media platform through which I can complain to the leaders or event organizers	1	2	3	4	5

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Please read the following scenario.

> ## As the bus leaves, it occurs to you that you paid $5.00 to enter the waterpark. You approach a leader with your concern.

We are interested in understanding your preferences for dealing with the situation. Please tell us how important the following characteristics of your interaction with the leader are:

After approaching the leader with my concern, I would want...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
To have minimal effort or input during the solution	1	2	3	4	5
For the leader to take charge of the situation	1	2	3	4	5
Some choice in the solution to my problem	1	2	3	4	5
To have a lot of "say" in the solution to my problem	1	2	3	4	5
An apology from the leader	1	2	3	4	5
For the leader to explain why the situation occurred	1	2	3	4	5
For the leader to explain what s/he did to prevent the problem	1	2	3	4	5
An opportunity to talk about my feelings	1	2	3	4	5
Financial compensation (e.g., reimbursement)	1	2	3	4	5
To be told what I could have done differently to avoid the problem entirely	1	2	3	4	5
To feel that the leader understands my frustration	1	2	3	4	5
An opportunity to suggest what could have been done differently by the leaders	1	2	3	4	5
To be involved in determining what the solution to the problem will be	1	2	3	4	5

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Appendix F: THANK YOU LETTER

University of Waterloo
November, 2013

Dear participant,

I would like to thank you for taking part in our study, "Investigation of Consumer Complaining and Recovery Strategies". As our title suggest, the purpose of this study is: (a) to investigate the factors which influence consumers' complaining in a recreation and leisure context; (b) to explore differences in the preferences for service recovery based on the aforementioned factors.

The data collected during survey completion will contribute to a better understanding of consumer behaviour and will inform managers who wish to design service-recovery programs.

You can decide not to turn in your questionnaire if you wish or to return a blank questionnaire. Your professor/course instructor will not know who participated or did not. Your decision to participate or not will have no impact on your course grade or standing in your program. If you choose to submit the questionnaire, please pass it to the front of the room directly to the researcher or into the box which will be made available to you.

If you have any questions regarding what you have read in this letter, or would like additional information to assist you in reaching a decision about participation, please feel free to contact Professor Ron McCarville at 519-888-4567 Ext. 33048

Please remember that any data pertaining to you as an individual participant will remain confidential. Once all the data are collected and analyzed we plan on sharing this information with the research community through seminars, conferences, presentations, and journal articles.

As with all University of Waterloo projects involving human participants, this project was reviewed by, and received ethics clearance through a University of Waterloo Research Ethics Committee. Should you have any comments or concerns resulting from your participation in this study, please contact the Director of the Office of Research Ethics, at 1-519-888-4567, Ext. 36005 or maureen.nummelin@uwaterloo.ca.

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