UBLICATIONS DIVISION
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WORKING PAPER SERIES

No. 243

MEASURING CONSUMER SATISFACTION THROUGH SURVEY RESEARCH

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MAY 1980

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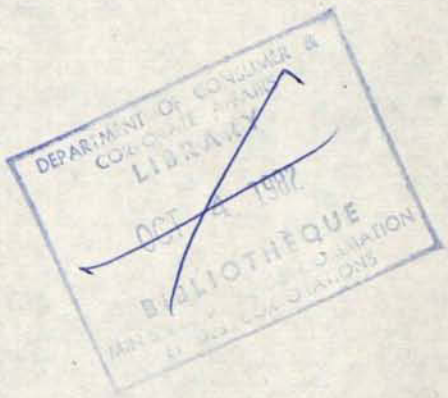

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MEASURING CONSUMER SATISFACTION THROUGH SURVEY RESEARCH[1]

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INTRODUCTION

In recent years, political support for the consumer movement has grown rapidly, and policy makers have assigned a relatively high priority to the development of programs designed to protect the consumer interest. The design and implementation of effective consumer protection programs depend on the availability of information which can provide a basis for diagnosing dissatisfaction with products and services, and assigning priorities for corrective action and resource allocation. Despite the need for extensive coverage, few consumer satisfaction studies have reported results for an exhaustive set of products and services. One study representative of this research stream was conducted in Bloomington, Indiana, in 1976, the results of which have been reported by Ash (3), Day and Ash (7), and Day and Bodur (8, 9).

The need for such studies is becoming more evident as policy makers increasingly recognize the limitations of conventional complaint data as a measure of consumer dissatisfaction within a population, and as a means of prioritizing problem categories of products and services in order to guide policy interventions (8, 10, 11, 12, 32). Several studies have suggested that complaint letters tend not to be representative of the types of problems confronting consumers or of all types of people experiencing consumer problems. For example, complaint letters suffer from "big ticket" bias since they tend to focus on unsatisfactory consumption experiences with products that are unusually important to the consumer. Volunteered complaints thus tend to underrepresent dissatisfactions with lower cost items or those which play a relatively modest role in the consumer's daily life (7). Similarly, complaint letters may suffer from "big problem" bias and fail to represent the range or relative incidence of problems encountered by consumers (1). Although it has been argued that unsolicited complaints are problems weighted by importance, they may also reflect consumer beliefs about the differential responsiveness of sellers to particular types of buyer problems. There is some evidence, as well, that writers of complaint letters or those who take some action to resolve their dissatisfaction are atypical of the entire population since they tend to be younger, better educated, more affluent, and more active politically than non-complainers (29, 32). The overriding concern about complaint letters, however, is that they may simply represent the "tip of the iceberg" (2). The number of dissatisfied consumers may substantially exceed the number who complain, particularly if the consumer is unclear about how or where to voice a complaint.

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[1]The authors gratefully acknowledge funding for this study provided by the Consumer Research and Evaluation Branch, Consumer and Corporate Affairs Canada. Research assistance was provided by Mary Jane Grant.

This paper reports a portion of the results of a national survey of consumer satisfaction, dissatisfaction, and complaining behavior conducted in Canada. The research instruments used in the study were similar in scope to those employed in the Bloomington study mentioned above. Satisfaction data were collected on some 225 product and service categories. The study may be positioned in relation to other consumer satisfaction/dissatisfaction research as follows:

- o Bodur (4) identified three principal streams of consumer satisfaction/dissatisfaction research: (dis)satisfaction as the (dis)confirmation of expectations; satisfaction from the perspective of utility theory; and dissatisfaction inferred from complaint behavior. The study reported here is most closely related to the first of these research streams.

- o Andreasen (1) has suggested that consumer satisfaction studies may be clarified along three dimensions: whether satisfaction and dissatisfaction is measured; whether subjective or objective measures are used; and whether "first" or "final" satisfaction is examined. The study reported here obtained subjective measures of both satisfaction and dissatisfaction, albeit treated as opposite poles of the same continuum (20). Both first and final satisfaction were investigated.

- o In terms of the classification scheme proposed by Czepiel and Rosenberg (6), the study focuses on product/service satisfaction rather than system or enterprise satisfaction. The product/service is the principal unit of analysis.

This paper first discusses methodological aspects of the nationwide consumer survey. Next, for purposes of illustration, the basic data are reported for twenty personal and health care products. Previously published research in this area is limited. Diener (13, 14, 15) analyzed the complaint data of personal care product manufacturers and also surveyed consumers about their problems with personal care products. She identified the product categories registering the highest evidence of problems among regular users and examined the actions taken by those consumers reporting problems. The paper concludes with a discussion of how data of the type collected may be used by policy makers and businesses in the broader contexts of consumer protection programming and marketing management.

RESEARCH METHOD

The data for this study were obtained as part of a nationwide survey of Canadian consumers in 1979. The survey instruments employed in this research were similar to those used previously in the Bloomington study. In both cases, the instruments obtained data on consumer satisfaction, dissatisfaction and complaining behavior. Adaptations were incorporated to reflect differences in the Canadian environment. These were, however, more semantic than structural so that the potential for comparisons between results drawn from the two data bases was retained. As such, the survey used a previously tested approach and did not represent a new methodology for studying consumer satisfaction.

A five stage, stratified probability sample drawn from a national frame comprising 42,000 enumeration areas distributed across the five regions of Canada was used to collect the data. The sampling plan represented a compromise between a strict random sample and a conventional quota sample in that cost constraints required substitution of households at the block level. Although the exact true response rate cannot be computed with the modified probability sample drawn for this study, results have shown that the data compare favorably with Statistics Canada census information. Usable questionnaires were furnished by 3,123 adult Canadians, both males and females, eighteen years of age and over. A third of these subjects answered a questionnaire covering four categories of consumer non-durables: food products; household and family supplies; personal and health care products; and clothes, shoes, and accessories. Similar questionnaires covering durables and services were each presented to half of the remaining subjects. Thus, the preliminary results reported in this paper pertain to the personal and health care products section of the non-durables questionnaire, completed by 1,041 subjects.

Due to cost constraints, data were gathered using the drop off-pick up method. Interviewers were instructed to identify the household member primarily responsible for buying the types of products or services covered by a particular questionnaire. Thus, the household self-selected a primary decision maker who acted as a spokesperson for the household in completing the questionnaire. At the time of pick up, interviewers checked that each questionnaire had been properly and fully completed by the designated household member. About 95 percent of questionnaires dropped off translated into usable completions. No check was conducted to ascertain whether non-respondents would have answered the questionnaire differently, particularly with respect to their propensity to complain. Respondents had the option of completing either a French or English questionnaire, pretested for identical semantic and emotional impact.

Using an aided recall approach, the initial task required respondents to indicate whether or not they had purchased each of twenty personal and health care products during the previous year. Those who indicated that they had used the product were asked to rate the frequency of purchase and their relative extent of satisfaction or dissatisfaction with the category. Subjects then indicated whether or not they had been "highly dissatisfied" with any of the twenty categories during the past year and, if so, stated the one product which was "the most unsatisfactory of all." The remaining questions in the section provided additional data on this single most unsatisfactory product. First, subjects were asked to complete a set of questions identifying their reasons for dissatisfaction. Then, those reporting dissatisfaction were asked to indicate what steps were taken, if any, to resolve their dissatisfaction. In line with the conceptual framework developed by Day and Landon (12), the action options were divided into two groups, personal actions and direct or public actions. Respondents who reported taking direct action(s) were asked to indicate how satisfied they were with the way their complaints were handled. Subjects who reported taking no action when dissatisfied were questioned as to their reason for not doing so. Each subject went through this sequence of questions four times for each of the four product classes included in his/her questionnaire. Due to cost and logistical constraints, the sequence in which the product classes were presented could not be rotated. It is possible that the joint influences of fatigue and a desire to terminate the process could

reduce the likelihood of subjects citing a single highly unsatisfactory experience for those product classes appearing later in the questionnaire. However, debriefings following pretests had indicated that this was not a widespread problem because the drop off-pick up method gave each subject a day to complete the questionnaire at his/her convenience.

Certain reservations regarding the methodology and the scope of the study should be noted. First, the aided recall subjective measure approach is open to possible measurement and response biases. Furthermore, as Andreasen (1) and Olander (25) have indicated, subjective measures as affective states may be unreliable and under the influence of situational variables. Response aggregation problems may also exist due to varying scale interpretations by subjects, though this factor together with the possible influence on response patterns of subject's frame of mind at the time of questionnaire completion might be assumed to be randomly distributed across the sample population. Subjective measures were used in this study because policy makers with political responsibilities need to know "how consumers feel" as much as they need objective measures of market performance when assigning priorities for intervention. As the earlier discussion of complaint data indicates, reliability and validity problems also exist with objective measures. It may be noted at this point that the internal consistency of the satisfaction/dissatisfaction scores was checked by computing Cronbach's Coefficient Alpha. Split-half reliability was checked using Spearman Brown's equal and unequal length coefficients. Almost all of the coefficients fell into the interval from 0.6 to 0.85.

Second, the relationships between experience, expectations, and dissatisfaction are not considered. Types of expectations, classified by Miller (22) are probably related in part to types of consumer experience, classified by Withey (34) and to other information sources, some of which are marketer controlled. The need for further research on these relationships is illustrated by the following contrasts. While Engledow (16) has suggested that dissatisfaction lowers expectations and sows the seeds for future satisfaction (and vice versa), Westbrook and Newman (33) have suggested that previous dissatisfaction makes consumers more involved and more expectant of dissatisfaction. Likewise, while Wotruba and Duncan (35) have indicated that consumer expectation regarding new products are lower than for those which they are currently using, Phummer (28) has argued that expectations regarding product quality are rising but along with the expectation that these expectations will not be fulfilled. Further complicating the relationship between expectations and dissatisfaction is the possibility that a product viewed as satisfactory under one set of expectations held at the time of purchase may, over time, generate dissatisfaction as these expectations change.

A further limitation of the study related to the preceding point is that it includes no longitudinal dimension. No conclusions can be drawn as to whether consumers are more satisfied with personal care products today than they were in the past. However, it is anticipated that this study will provide baseline data against which the results of future replications can be compared. It may be noted, though, that differences in consumer satisfaction over time may not only be caused by objective changes in product quality or performance, but also by changes in consumer perceptions and expectations (25). Longitudinal studies will have to consider the temporal stability of expectations, the sensitivity of satisfaction measures to actual changes in level, and the frequency with which consumer satisfaction should be monitored (6).

RESULTS

Satisfaction with Personal and Health Care Products

Table 1 summarizes responses denoting the frequency of use and level of satisfaction and dissatisfaction for each of the twenty personal and health care product categories. Next, the relative frequency with which purchasers checked each of four satisfaction/dissatisfaction scale responses is reported. The final columns in Table 1 summarize the percentages of satisfied and dissatisfied subjects in each category.

The type of information presented in Table 1 is not available either from volunteered complaint data or from studies which ask consumers to recall a single unsatisfactory experience. The problem of "big ticket" bias has been identified with both of these approaches and the suggestion is that recurring causes of dissatisfaction with less expensive items such as personal and health care products may not be brought up to the attention of business leaders, consumer interest groups or policy makers.

Information on the rate of use of products permits the number of consumers expressing dissatisfaction with the category to be considered in relation to the total number of respondents reporting usage of the category within the recall period. For example, while only 24.2% of respondents reported having purchased "hair dyes, streaking, coloring products," this category ranked second in terms of percentage of dissatisfied purchasers. This product category would probably not figure on conventional complaint lists as a problem in the personal and health care products area because the absolute number of purchasers is relatively small. Although the absolute number of users is important to policy makers, this example helps to pinpoint one weakness of setting policy priorities on the basis of volunteered complaint data.

The results reported in Table 1 indicate that the highest percentages of dissatisfied purchasers occur for "hay fever, cold and cough remedies" (11.0%), "hair dyes, streaking and coloring products" (8.4%), and "deodorants, anti-perspirants" (7.9%). In the case of some product categories (such as cold remedies and anti-perspirants), metabolic differences among consumers may result in variations in effectiveness. Given the discomfort and inconvenience associated with a cold which cannot be relieved or with uncontrollable perspiration, it is not surprising that a high frequency of dissatisfaction is associated with products which at best can only provide relief, not cure, and which differ in their effectiveness depending upon the metabolism of the user. It should be noted that Diener (13) found the highest incidence of problems with any personal care product category to be with antiperspirants; consumers complained in particular about skin irritations and stained clothes.

Instances of Consumer Dissatisfaction

Subjects were asked to indicate whether they had had one or more experiences during the previous year with personal and health care products with which they were "highly dissatisfied." Ninety-seven out of 1,041 subjects responded affirmatively. These subjects were asked to indicate the one personal and health care product which was the most unsatisfactory of all. Table 2 presents the results and distinguishes between two judgmentally classified groups of ten personal care products and ten health care products included in

the complete set of twenty product categories. While "hay fever, cold and cough remedies" and "deodorants, antiperspirants" are again frequently cited, the product category mentioned most often as most unsatisfactory is "prescription drugs and medical supplies" which ranks tenth in terms of percentage of purchasers dissatisfied in Table 1. The greater importance to the consumer of the problems addressed by prescription drugs as opposed to those addressed by other personal and health care products may explain this apparent discrepancy in the results.

Consumers who report being highly dissatisfied with one or more personal and health care products are more likely to report associated financial loss and physical injury than consumers who are highly dissatisfied with other non-durables. Table 3 shows that, while the number of highly dissatisfied consumers is lowest for personal and health care products, higher proportions of these consumers report financial loss and physical injury than do so for each of the other three classes of non-durables. Analysis of the economic costs of dissatisfaction is regarded by policy makers as an important input when they are setting priorities for intervention.

Reasons for Dissatisfaction

Subjects were asked to check reasons for dissatisfaction with the one personal and health care category named as the most unsatisfactory of all. Multiple responses were permitted. From among a list of fifteen reasons, respondents checked an average of 1.85 items (1.93 for personal care products; 1.76 for health care products). Table 4 shows the numbers of respondents citing each reason, first in the case of personal care products, second in the case of health care products, and third in aggregate. The percentage share of mentions for each reason is also shown. The two most frequently cited reasons for dissatisfaction together accounting for over half of all mentions were "the quality was poorer than I expected" and "the product did not correspond to the general impression created by an advertisement." Dissatisfaction with product quality was mentioned relatively more frequently for personal care products, while dissatisfaction related to advertising was more frequently mentioned for health care products.

The set of fifteen reasons related primarily to pre-purchase and post-purchase problems associated with marketing practices. The focus was on the product promise and the delivery of the promise. The range of reasons offered to respondents was limited in several ways. First, depth was sacrificed for breadth in this study. A detailed diagnosis of the reasons for satisfaction or dissatisfaction with specific personal and health care products in terms of their attribute profiles was not possible. Reflecting the utility theory stream of consumer satisfaction research, Handy (17, p. 217) has previously defined consumer dissatisfaction as "the gap or distance between the consumer's 'ideal' attribute combination for a particular product or service and the attribute combination of the product or service offered in the marketplace which comes closest to his idea." In this study, detailed attribute-related reasons for dissatisfaction are not available. Problems associated with product attributes and performance are subsumed within a broader set of reasons for dissatisfaction covering all dimensions of the marketing mix. Second, at the other end of the spectrum of satisfaction, no data were collected on consumer satisfaction/dissatisfaction with the social environment or quality of life. No

attempt has been made in this study to develop an overall index of consumer satisfactions which might serve as a social indicator analagous to the Consumer Price Index. The advantages and problems associated with development of such an index have been discussed in detail by A. Pfaff (26) and by M. Pfaff (27). Third, the set of reasons did not present respondents with an opportunity to attribute their dissatisfaction to deficiencies in their own information search and purchase behavior, or to their own misuse of products. Future studies should allow for the possibility of self attribution. Fourth, the relationship between dissatisfaction and the decision freedom or range of alternative choices available to the consumer was not explored. A narrow choice range may be a source of dissatisfaction in itself and may also increase the likelihood that a consumer may buy a suboptimal product with which (s)he may more easily become dissatisfied.

Responses to Dissatisfaction

As indicated by several researchers (31), the motivation to take action in response to dissatisfaction is a function of many factors including product and situational variables (such as initial product price and maintenance costs, usage frequency and product dependency, the time interval since purchase, and the complexity and newness of the product class which bears both on perceptions of the likelihood of problems occurring and the consumer's ability to objectively evaluate performance); individual variables (such as self-confidence and other personality factors which may in fact be demographically driven); and cultural variables (such as the degree to which complaining is regarded as socially acceptable). In choosing which action(s) to take, consumers are likely to weigh expected results, in particular the probability of success, against expected costs in money and time which may reflect, for example, the perceived ease with which complaints may be lodged.

Of the 98 subjects who offered reasons for dissatisfaction, 51 (52%) reported that they had taken personal and/or direct action as a result. The remaining 47 consumers who took no action following dissatisfaction were asked to consider four possible reasons for not doing so and to check the one which they considered most appropriate.

Table 6 shows the percentages of highly dissatisfied customers who took no action for each of the four classes of non-durable goods. Consumers dissatisfied with food products and clothing appear to be more likely to take action than those dissatisfied with personal and health care products or with household and family supplies. Also shown are the percentages of respondents offering each of four reasons for taking no action in response to dissatisfaction with each of the four classes of non-durable goods. As far as personal and health care products are concerned, the most prevalent reasons for taking no action are skepticism that action would make any difference and a belief that such action is not worth the time and effort. The first of these two reasons appears to be especially important in the case of personal and health care products. This may reflect a realization among consumers that their own physical characteristics and the manner in which they use the products may have as much bearing upon the effectiveness of the product as its objective qualities. Additionally, in the case of some health care products such as cold remedies, the problem which purchase of the product is designed to

address may eventually disappear in the natural course of events even though the product may be perceived as having been ineffective in contributing to the solution. In this regard, it is noteworthy that consumers highly dissatisfied with health care products more frequently (55%) reported taking no action than did consumers highly dissatisfied with personal care products (42%).

A summary of the actions taken by 51 respondents is presented in Table 7. Each subject reported taking, on average, 2.13 actions. Personal actions accounted for the majority of total actions. Consumers appeared to be more likely to switch brands within the product category or to quit using the product than to respond to their dissatisfaction by switching stores. Also of significance is the frequency with which consumers report warning family or friends through word of mouth, not surprisingly since appearance and health are relatively frequent subjects in everyday conversation. It is important to note that neither business firms nor consumer protection agencies would be directly aware of these types of personal actions. As previously stated, assessing consumer dissatisfaction levels on the basis of direct actions alone can lead to severe underestimates of dissatisfaction.

The percentage of highly dissatisfied consumers taking direct actions was significantly lower in the case of personal and health care products (31.4%) than in the case of household and family supplies (42.4%), food products (67.6%), or clothing (68.0%). This may be partly a result of the fact that many personal and health care products are both low ticket items and relatively infrequently purchased. Thus, consumer expectations may not be firmly established such that, when they are not met, the consumer may lack the self-assurance and motivation necessary to complain about an item of comparatively low cost. Direct actions were, however, more likely in the case of health care products (27.0% share of total actions) than personal care products (11.1%). Cases of dissatisfaction with the former are, perhaps, more likely to involve personal injury as well as economic loss. The direct actions which were taken principally involved complaining and seeking redress from the place of purchase in the form of refund or replacement. Few consumers stated that they contacted the manufacturer. These results may be compared to those reported by Diener (14). Among her respondents who had problems with personal care products, only 21% took direct action and, of these, only one quarter contacted the manufacturer.

Each of the sixteen subjects who took direct action was also asked how satisfied (s)he was with the way the complaint was handled. Table 8 presents the results not only for personal and health care products but for each of the other three classes of non-durable goods. A majority of consumers ended up satisfied, except in the case of household and family supplies. The frequency of final satisfaction may be related to the cost of the product which partly determines the ease with which retailers or manufacturers willingly provide refunds and replacements.

IMPLICATIONS FOR PUBLIC POLICY MAKERS

Policymakers involved in consumer protection programming have to sustain a maintenance level of involvement across a broad range of areas. In allocating resources, however, they often wish to target particular problem products, problem markets, or both. The product focus of the survey data collected for this study enables the policy maker to rank products/services on several dimensions of interest: the absolute number of consumers dissatisfied with a product; the percentage of purchasers dissatisfied (this measure may be inappropriate in the case of a service such as life insurance where usage is a matter for the beneficiary rather than the purchaser); the importance of the product which may condition the intensity of dissatisfaction; and the incidence and level of financial loss (resource misallocation) and personal injury associated with the product. In selecting product/service priorities for resource allocation and intervention, policy makers must judgmentally weigh the relative importance of factors such as these.

Having discovered the value of market segmentation in recent years, policy makers may also use a market focus to guide their interventions. The elderly and the disadvantaged, for example, may have particular consumer problems. The question of who is dissatisfied with a specific product/service is answerable from the survey data and may serve as an additional resource allocation criterion. While survey results can highlight problem products such as wheelchairs among the elderly, they often indicate that the disadvantaged are less often dissatisfied than other consumers (18). Should the policy maker attempt to raise the expectations of the disadvantaged, to increase their level of dissatisfaction, and to enhance their ability to register complaints when (s)he may well be evaluated on the basis of whether or not dissatisfaction and complaint levels are falling? Although marketer sponsored advertising is sometimes designed to raise consumer expectations, occasionally in a misleading manner, it is debatable whether policy makers should attempt to legislate levels of expectations, ostensibly as a stimulus to business to perform at higher levels of excellence. A less controversial objective, articulated by Olander (24) on the basis of research by Kristensen (18), might be to reduce the indifference of consumers towards market system performance, to make satisfaction a more important item in the cultural value structure (6). A detailed discussion of the appropriate goals of consumer protection programming is beyond the scope of this paper, but the issues raised indicate the problems associated with attempting to prioritize tarket markets as well as product/service categories from the survey data collected for the study.

Once key problem categories are identified on the basis of criteria established by policy makers, more in depth research can be conducted into why dissatisfaction occurs, and who is responsible. For several reasons, this in depth research should be conducted not only with consumers but with all members of the distribution channel from manufacturer to retailer. First, dissatisfaction may arise from product performance deficiencies stemming from consumer misuse. Consumer research alone might not identify this pattern. Second, the likelihood of dissatisfaction may increase with product improvements. For example, the increasing complexity of automobiles may raise the probability of malfunction even though, controlling for the number of parts, they may be better built today than twenty years ago. This type of information is not available from consumers. Third, policy makers often conclude that the best

way to relieve a consumer problem is to exert leverage on or seek voluntary cooperation from one or more channel members. Clearly, their cooperation is more likely if their views have been previously solicited.

As part of this in depth research, policy makers may wish to assess reaction to alternative interventions. There are three key decisions to be made in the selection of an intervention strategy:

Timing. Is the problem best addressed prior to purchase, at the point of purchase, or post purchase? Preventive interventions are more likely to focus on earlier stages of the decision making process than corrective interventions concerned, for example, with facilitating consumer complaints or the handling of complaints once made.

Target. Although the stimulus to action may be a consumer problem, the target of the intervention may be one or more channel members other than or in addition to the consumer.

Vehicle. Interventions may rely on mandatory leverage (the force of law), financial leverage (incentives and disincentives), and/or message leverage (information and persuasive communications) for their effectiveness.

Most consumer research into interventions designed to ameliorate consumer dissatisfaction typically focuses on message leverage directed at consumers prior to or at the point of purchase. For example, education and information programs designed to help consumers to specify goals and to help consumers achieve their goals have been discussed by Miller and Olshavsky (23). The focus of consumer researchers on message interventions is natural: more consumer research is necessary when the compliance sought is voluntary rather than mandatory. However, both policy makers and consumer researchers must recognize the range of intervention options available and realize that consumers do not always have to be central to the solution of consumer problems. As such, consumer survey research represents a necessary but hardly a sufficient basis on which to set consumer policy.

IMPLICATIONS FOR BUSINESS

Reflecting both consumerist pressure and the marketing concept, many companies are now interested in researching levels of and reasons for consumer dissatisfaction with both their products/services and with associated purchase processes. Satisfaction data may be useful as a supplemental performance measure, though the integration of such measures in the management system requires further explanation (6). Most businesses have hitherto had an incentive to gather satisfaction data only for the product/service categories which they manufacture or sell (19). Insurance companies present a possible exception; because they insure a wide range of products/services, they have actively sponsored broad based consumer survey research. Now that policy makers are gathering satisfaction data across a broad range of products/services for purposes of problem identification and diagnosis, it is important for individual businesses to have access to similar information in order to anticipate and take voluntary action in advance of possible government intervention.

Thus, the appliance manufacturer needs data not only on consumer satisfaction with appliances but also comparable data about satisfaction with automobiles, food products, and housing. True, dissatisfaction levels are influenced by factors other than manufacturer or retailer performance, so the validity of cross product satisfaction data as a measure of performance may be in question. However, in setting their intervention priorities, policy makers are interested principally in dissatisfaction levels, irrespective of the source of the problem. However the data are interpreted by policy makers, their collection and use are likely to stimulate businesses to collect their own data and may stimulate even greater business sensitivity to issues of quality, performance, and marketing practices.

Survey research of the type reported here is too broad in scope to provide businesses manufacturing particular products/services with detailed explanations of the reasons for consumer dissatisfaction with them. It is better equipped to answer questions of "how many" than "why." For example, data are available on how many purchasers are dissatisfied; how many dissatisfieds talk to friends, switch brands or stores, or complain; and how many complainers are finally satisfied. If explored further, the reasons for an inordinately high percentage of dissatisfied purchasers may suggest, for example, improvements in company-consumer information links to guide customers towards more satisfying purchase decisions and to guide them in their product usage so that problems arising from consumer misuse are minimized. If explored further, the reasons for a relatively low percentage of dissatisfied purchasers complaining may suggest changes such as informing consumers how to complain or simplifying the complaint handling process. Though to do so may be to merely change the definition of a complaint, debasing its potency, the richness of the incremental information, obtained at comparatively low cost, can help businesses to correct or anticipate product and marketing mix design problems and may stimulate ideas for new product development. Other possible benefits associated with an effective and well-publicized complaint handling system include positive differentiation among consumers at low cost, improved employee productivity, reduced warranty and service costs, and a reduction in the likelihood of government intervention (13, 30). Some manufacturers have been hesitant to improve their direct information links with consumers, having historically relied on the retailer in the front line to insulate them from complaints and criticism. Nowadays, however, most companies favor close links with customers as a means of monitoring the performance of members of the distribution channel.

In responding to the evidence of survey research, businesses should not attempt to eliminate dissatisfaction. As Engledow (16) has suggested, the threshold of acceptable performance among consumers to whom a particular product is very important is constantly moving ahead of actual performance. As such, dissatisfaction is a constant stimulus to improvement. Indeed, Engledow has suggested that a business may reasonably aim through differentation and new product development to create consumer dissatisfaction with competitive products, though not by means of creating consumer expectations which the business is unable to fulfill. A more fundamental reason for not attempting to eliminate dissatisfaction is that dissatisfaction stems from many sources, some of which such as macroeconomic and quality of life variables or personality factors are beyond the direct control of business managers.

In conclusion, survey research of the type reported here should be viewed by both policy makers and business as a problem identification and diagnostic tool in a stream of research, rather than as a definitive source of conclusions regarding either reasons for dissatisfaction or appropriate actions and responses.

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Table 1

PERSONAL AND HEALTH CARE PRODUCTS: PURCHASE; FREQUENCY RATING; SATISFACTION/DISSATISFACTION RATING

CATEGORY	PURCHASE	FREQUENCY RATING		SATISFACTION/DISSATISFACTION RATING				TOTAL SATISFACTION/DISSATISFACTION			
				% OF PURCHASERS				% OF PURCHASERS			
				SATISFIED		DISSATISFIED		SATISFIED		DISSATISFIED	
	% of Respondents* having Purchased	% of Purchasers buying Frequently	Rank by Frequency Rating	Almost Always	Usually	Often	Almost Always	Total	Rank	Total	Rank
1. Toilet/Bath Soap, Bath Oil, Powder	98.8	74.2	2	54.0	43.4	2.1	0.5	97.4	4	2.6	17
2. Toothpaste, Dental Supplies, Mouthwash	98.9	79.6	1	59.3	38.1	1.8	0.8	97.4	4	2.6	17
3. Shampoo, Other Hair-Care Supplies	95.2	69.6	4	47.0	45.2	6.0	1.8	92.2	17	7.8	4
4. Hair Dyes, Streaking, Colouring Products	24.2	30.6	10	44.8	46.8	7.2	1.2	91.6	19	8.4	2
5. Deodorants, Anti-perspirants	90.5	61.3	5	47.8	44.4	6.6	1.3	92.2	17	7.9	3
6. Feminine Hygiene Products	66.3	73.8	3	56.3	40.9	2.0	0.7	97.2	6	2.7	16
7. Shaving Creams, Lathers	56.9	50.6	7	58.8	39.3	1.2	0.7	98.1	1	1.9	20
8. Blade Razors, Blades, Nail Files, Clippers	77.2	40.5	8	53.9	42.8	2.5	0.8	96.7	8	3.3	14
9. Hair Brushes, Combs, Nets, Beauty Supplies	78.1	20.7	16	51.4	46.5	1.9	0.2	97.9	2	2.1	19
10. Cosmetics, Creams Suntan Lotions	84.3	29.1	11	47.2	47.8	4.7	0.3	95.0	15	5.0	7
11. First Aid Supplies, Liniment, Ointment	81.3	17.2	18	52.2	45.6	1.9	3.5	97.8	3	5.4	6
12. Vitamins, Tonics, Dietary Suppliments	55.5	26.5	13	51.8	44.2	3.3	0.7	96.0	9	4.0	13
13. Laxatives, Heartburn, Indigestion Remedies	53.2	18.0	17	50.5	45.3	4.0	0.2	95.8	10	4.2	12
14. Hay Fever, Cold and Cough Remedies	74.0	17.0	19	39.5	49.4	9.2	1.8	88.9	20	11.0	1
15. Aspirin, Other Nonprescription Pain Relievers	88.5	22.1	15	52.7	44.3	2.4	0.6	97.0	7	3.0	15
16. Eyecare Products	19.1	24.0	14	52.8	42.7	4.0	0.5	95.5	13	4.5	8
17. Babycare Products	19.0	52.6	6	52.6	42.9	4.0	0.5	95.5	13	4.5	8
18. Family Planning Products (nonprescription)	10.4	27.0	12	55.6	38.0	3.7	2.7	93.6	16	6.4	5
19. Thermometers, Enemas, Other Medical Supplies	22.5	7.5	20	55.1	40.6	3.4	0.9	95.7	11	4.3	11
20. Prescription Drugs & Medical Supplies	87.5	31.0	9	53.4	42.1	3.2	1.2	95.6	12	4.4	10

*N = 1041

Table 2

NUMBER OF RESPONDENTS INDICATING EACH PRODUCT AS MOST UNSATISFACTORY

PRODUCT CATEGORY	RESPONDENTS INDICATING ITEM AS MOST UNSATISFACTORY			
	TOTAL SECTION		WITHIN GROUP	
Personal Care Products	N	%	N	%
1. Toilet/Bath Soap, Bath Oil, Powder	6	6.2	6	10.9
2. Toothpaste, Dental Supplies, Mouthwash	4	4.1	4	7.3
3. Shampoo, Other Hair-Care Supplies	9	9.3	9	16.3
4. Hair Dyes, Streaking Coloring Products	4	4.1	4	7.3
5. Deodorants, Anti-perspirants	11	11.3	11	20.0
6. Feminine Hygiene Products	4	4.1	4	7.3
7. Shaving Creams, Lathers	2	2.1	2	3.6
8. Blade Razors, Blades Nail Files, Clippers	5	5.1	5	9.1
9. Hair Brushes, Combs, Nets, Beauty Supplies	1	1.0	1	1.8
10. Cosmetics, Creams Suntan Lotions	9	9.3	9	16.3
Total:	55	56.7	55	100.0
Health Care Products				
11. First Aid Supplies, Liniment, Ointment	3	3.1	3	7.1
12. Vitamins, Tonics, Dietary Supplements	1	1.0	1	2.4
13. Laxatives, Heartburn, Indigestion Remedies	3	3.1	3	7.1
14. Hay Fever, Cold and Cough Remedies	10	10.3	10	23.8
15. Aspirin, Other Nonprescription Pain Relievers	3	3.1	3	7.1
16. Eyecare Products	1	1.0	1	2.4
17. Babycare Products	3	3.1	3	7.1
18. Family Planning Products (nonprescription)	1	1.0	1	2.4
19. Thermometers, Enemas, Other Medical Supplies	3	3.1	3	7.1
20. Prescription Drugs & Medical Supplies	14	14.4	14	33.3
Total:	42	43.3	42	100.0
TOTAL	97	100.0	--	--

Table 3

FINANCIAL LOSS AND PHYSICAL INJURY ASSOCIATED WITH UNSATISFACTORY PURCHASE EXPERIENCES

SECTION	NO. REPORTING DISSATISFACTION WITH ONE OR MORE ITEMS	PERCENT OF DISSATISFIED RESPONDENTS REPORTING ASSOCIATED FINANCIAL LOSS	NO. REPORTING ASSOCIATED FINANCIAL LOSS	DISTRIBUTION OF RESPONDENTS ACCORDING TO AMOUNT OF FINANCIAL LOSS REPORTED				PERCENT OF DISSATISFIED RESPONDENTS REPORTING ASSOCIATED PHYSICAL INJURY	NO. REPORTING ASSOCIATED PHYSICAL INJURY	NO. REPORTING SUBSEQUENT HOSPITALIZATION
				under $25	$25-$99	$100-$499	over $500			
		%								
I FOOD PRODUCTS	370	18.1	67	52	11	2	1	5.7	21	6
			100.0	78.8	16.7	3.0	1.5			
II HOUSEHOLD & FAMILY SUPPLIES	167	22.8	38	32	6	-	-	3.6	6	1
			100.0	84.2	15.8	-	-			
III PERSONAL & HEALTH CARE PRODUCTS	98	27.6	27	20	4	1	-	16.3	16	-
			100.0	80.0	16.0	4.0	-			
IV CLOTHES, SHOES & ACCESSORIES	207	22.2	46	25	17	2	1	2.9	6	-
			100.0	55.6	37.8	4.4	2.2			
SUMMARY										

NOTE: Figures under Distribution of Respondents may not add to Total No. Reporting Financial Loss due to non-response.

Table 4

COMPARISON OF REASONS FOR DISSATISFACTION BETWEEN

PERSONAL AND HEALTH CARE CATEGORIES

REASONS	Respondents Citing Each Reason for Dissatisfaction					
	Personal Products[1] (Categories 1-10)		Health Care Products[2] (Categories 11-20)		Total[3] (All Categories)	
1. The product was spoiled, had a defect, or was damaged.	5	(4.7)	4	(5.4)	9	5.0
2. The quality was poorer than I expected.	36[4]	(34.0)	15	(20.3)	51	(28.3)
3. The amount I got was less than it was supposed to be.	2	(1.9)	2	(2.7)	4	(2.2)
4. The product did not correspond to the general impression created by an advertisement.	29	(27.3)	21	(28.4)	50	(27.8)
5. A salesperson made false or misleading claims about the product.	2	(1.9)	3	(4.0)	5	(2.8)
6. The package was misleading.	9	(8.5)	3	(4.0)	12	(6.7)
7. The product was not delivered when promised.	-	-	-	-	-	-
8. A different item than the one I bought was delivered.	-	-	-	-	-	-
9. The instructions for using or taking care of the product were unclear or incomplete.	3	(2.8)	4	(5.4)	7	(3.9)
10. The product was unsafe or harmful to the person using it.	12	(11.3)	8	(10.8)	20	(11.1)
11. The "special discount price" I paid was as high or higher than the regular price of other sellers.	1	(0.9)	1	(1.3)	2	(1.1)
12. An advertised "special" was out of stock when I went to the store to buy it.	-	-	-	-	-	-
13. I was charged a higher price than the one that was advertised.	-	-	-	-	-	-
14. The store was unwilling to provide a refund or exchange.	1	(0.9)	1	(1.3)	2	(1.1)
15. Other reasons not listed above.	6	(5.7)	12	(16.2)	18	(10.0)

Percentages in brackets

[1] $n=106$ [2] $n=74$ [3] $n=180$

[4] $p < 0.005$

Table 5

ANALYSIS OF CONSUMERS TAKING NO ACTION IN RESPONSE TO DISSATISFACTION

	SECTION	INCIDENCE OF DISSATISFACTION		INCIDENCE OF 'NO ACTION'	
		N	% OF RESPONDENTS	N	% OF DISSATISFIED RESPONDENTS
I	FOOD PRODUCTS	370	35.5	151	40.8
II	HOUSEHOLD & FAMILY SUPPLIES	167	16.0	101	60.4
III	PERSONAL & HEALTH CARE PRODUCTS	98	9.4	47	48.0
IV	CLOTHES, SHOES ACCESSORIES	207	19.9	86	41.5
	TOTAL	842	--	385	45.7

	REASONS	SECTION				
	THE ONE SINGLE REASON WHICH BEST EXPLAINS WHY YOU DID NOT DO ANYTHING	I. FOOD PRODUCTS	II. HOUSEHOLD & FAMILY SUPPLIES	III. PERSONAL & HEALTH CARE PRODUCTS	IV. CLOTHES, SHOES & ACCESSORIES	TOTAL
1.	I DIDN'T THINK IT WAS WORTH THE TIME AND EFFORT	68 (44.4%)	44 (43.6%)	16 (34.0%)	31 (35.6%)	159 (41.0%)
2.	I WANTED TO DO SOMETHING, BUT NEVER GOT AROUND TO IT	16 (10.5%)	16 (15.8%)	6 (12.8%)	14 (16.1%)	52 (13.4%)
3.	I DIDN'T THINK ANYTHING I COULD DO WOULD MAKE ANY DIFFERENCE	58 (37.9%)	37 (36.6%)	22 (46.8%)	38 (43.7%)	155 (39.9%)
4.	I DIDN'T KNOW WHAT TO DO OR WHERE TO GET HELP	11 (7.2%)	4 (4.0%)	3 (6.4%)	4 (4.6%)	22 (5.7%)
	TOTAL	153 (100.0%)	101 (100.0%)	47 (100.0%)	87 (100.0%)	388 (100.0%)

Table 6

SUMMARY OF ACTIONS TAKEN IN RESPONSE TO DISSATISFACTION

WITH PERSONAL AND HEALTH CARE PRODUCTS

Type of Action Taken	Percentage of Dissatisfied Subjects Taking Some Form of Action					
	Personal Products[1] (Categories 1-10)		Health Care Products[2] (Categories 11-20)		Total	
PERSONAL	N	%	N	%	N	%
1. I decided not to buy that brand of the product again.	26[3]	(36.1)	11	(29.7)	37	(33.9)
2. I decided to quit using that kind of product.	20[3]	(27.8)	8	(21.6)	28	(25.7)
3. I decided to stop shopping at the store where I bought the product.	2	(2.8)	1	(2.7)	3	(2.7)
4. I warned my family and friends about the brand, product or store.	14	(19.4)	5	(13.5)	19	(17.4)
5. Other personal actions not list above.	2	(2.8)	2	(5.4)	4	(3.7)
TOTAL PERSONAL ACTIONS	64	(88.9)	27	(73.0)	91	(83.5)
DIRECT						
1. I returned the product to the seller for a replacement or refund.	3	(4.2)	4	(10.8)	7	(6.4)
2. I contacted the store to complain.	2	(2.8)	2	(5.4)	4	(3.7)
3. I contacted the manufacturer to complain.	2	(2.8)	2	(5.4)	4	(3.7)
4. I contacted the manufacturers' industry association to complain.	-	-	-	-	-	-
5. I contacted the Better Business Bureau to complain.	-	-	-	-	-	-
6. I contacted a governmental agency or a public offical to complain.	-	-	-	-	-	-
7. I contacted a private consumer advocate or consumer organization to complain.	-	-	-	-	-	-
8. I contacted a lawyer, went to Small Claims Court, or otherwise took legal action.	-	-	-	-	-	-
9. Other direct action not listed above.	1	(1.4)	2	(5.4)	3	(2.7)
TOTAL DIRECT ACTIONS	8	(11.1)	10	(27.0)	18	(16.5)
TOTAL ACTIONS	72	(100.0)	37	(100.0)	109	(100.0)

[1] based on 55 respondents, 32 of whom reported taking action.

[2] based on 42 respondents, 19 of whom reported taking action.

[3] $p < 0.05$

Table 7

MEASURE OF FINAL SATISFACTION AMONG DISSATISFIED CONSUMERS WHO TOOK DIRECT ACTION

	SECTION	MEASURE OF FINAL SATISFACTION									
		VERY SATISFIED		SOMEWHAT SATISFIED		SOMEWHAT DISSATISFIED		VERY DISSATISFIED		TOTAL	
		N	%	N	%	N	%	N	%	N	%
I	FOOD PRODUCTS	61	41.2	45	30.4	22	14.9	20	13.5	148	100.0
II	HOUSEHOLD & FAMILY SUPPLIES	6	21.4	6	21.4	10	35.7	6	21.4	28	100.0
III	PERSONAL & HEALTH CARE PRODUCTS	6	37.5	4	25.0	2	12.5	4	25.0	16	100.0
IV	CLOTHES, SHOES AND ACCESSORIES	36	37.5	22	22.9	16	16.7	22	22.9	96	100.0
	TOTAL	109	37.8	77	26.7	50	17.4	52	18.1	288	100.0

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