BRAND LOYALTY AND STORE LOYALTY FOR CONSUMERS PURCHASING A PRODUCT WARRANTY IN A HEALTH CARE SETTING: AN INVESTIGATION OF THE DIFFERENCES ACROSS GENDER, AGE, AND INCOME GROUPS

Timothy H. Reisenwitz
Valdosta State University • Valdosta, GA
Sanjay Gupta
Valdosta State University • Valdosta, GA

ABSTRACT

The product warranty plays an increasingly important role in today's highly competitive marketplace. The use of warranties is widespread, but their use has only relatively recently been applied in the health care sector. This study will look at the different levels of brand loyalty and store loyalty for respondents who were grouped by demographic characteristics. The demographics were divided into two groups: male/female, high income/low income, and younger/older. The respondents consisted of 120 patients at a privately-owned and operated, single-outlet, retail optical center. The two groups were compared based on brand loyalty and store loyalty using independent-samples t-tests. The analysis revealed that younger patients who purchase the warranty are more brand loyal than older patients who purchase the warranty. Additionally, patients with higher incomes were significantly more store loyal than patients with lower incomes.

Keywords: product warranty, healthcare, brand loyalty, store loyalty

INTRODUCTION

Although retailers have offered warranties to customers for more than a century, it is only relatively recently that other sectors, including health care, have started offering warranties as a marketing tool (Ostrom & Iacobucci, 1998). Product warranties provide value to purchasers of durable products by insuring against product failure. This can increase customers' perception of product reliability and the health care provider's reputation, which increases their confidence in the purchase decision.

Competition has intensified in the health care and other professional service industries (Hart, Schlesinger, & Maher, 1992). Professional service organizations are constantly attempting to achieve a competitive advantage and are searching for ways to differentiate themselves from the competition (Falkenreck & Wagner, 2011; Oumlil, 2008). Warranties enable a firm to gather useful data about customer concerns, satisfaction, and dissatisfaction about services in ways that traditional consumer surveys may not be able to do (Levy, 1999). Usually the organization does not receive negative feedback until a consumer is completely dissatisfied and exercises the warranty. Furthermore, service warranties are an effective way to recruit and retain customers. Finally, the service warranty helps the organization build consumer loyalty, trust, and satisfaction (Kennett-Hensel, Min, & Totten, 2012; Levy, 1999), with a potential increase in profitability.

Several health care providers have offered warranties for their products, ranging from home blood pressure monitors (PR Newswire, 1998) and hearing aids (Shumaker, 2002), to services, including bypass surgery (Bush, 2007) and Lasik laser eye surgery (PR Newswire, 2007). Delta Dental Plan, a dental insurance provider, experienced an increase in its retention rate from 97 percent to 99 percent, an increase worth $19 million annually as a direct result of a service warranty on several aspects of its service (Hart, Schlesinger & Maher, 1992).

Opticians have also offered warranties for their products, including contact lenses (The Optician, 2007; Business Wire, 1999), prescription sunglasses (The Optician, 2007), traditional frames (The Optician, 2005), and rimless lenses (The Optician, 2006). This study will assess the effectiveness of an eyeglass warranty based upon brand loyalty and store loyalty.

LITERATURE REVIEW AND HYPOTHESES

Warranty Definition and Theory

By definition, a warranty is a contractual agreement between a manufacturer (seller) and a consumer (buyer), requiring the manufacturer to address any failure(s) that occur during the warranty period (Oumlil, 2008; Jack & Van Der Schouten, 2000). Similarly, “a warranty is assurance that the supplier of an item will back the quality of the item in terms of correcting any legitimate problems with the item at no cost for a particular period of time or use” (Cope, Folse, & Cope III, 1999, p. 31). Furthermore, it is a pledge by the manufacturer to the customer that the product will perform its intended function under normal condition of use for at least the period of the warranty (Karim & Suzuki, 2005).

There are three theories on warranty: Exploitation Theory, Market Signal Theory, and Investment Theory (Oumlil, 2008). The Exploitation Theory states that the warranty is determined by the market power of the manufacturer and the buyer. If the manufacturer has more market power (i.e., an environment of less competition) over the buyer, then a less attractive warranty would be offered, and vice versa. However, two studies have refuted this theory (Kelley, 1988; Priest, 1981). One study looked at the major appliance market and found that warranties of those products with high concentration (more competition) did not differ from those products with low concentration (less competition), which is not consistent with the Exploitation Theory (Priest, 1981). The second study found that dishwasher brands with higher market shares offered better warranties than brands with less market share, the opposite of what Exploitation Theory advocates (Kelley, 1988).

The Market Signal Theory states that warranties are a signal of product reliability. This theory is the most practical theory and suggests that marketers could differentiate their product as a reliable product by offering a warranty that is superior to the competition's warranty (Oumlil, 2008).

Investment Theory holds that the warranty is an insurance policy and a repair contract (Priest, 1981). The premise of this warranty is customer demand and the comparable cost of providing the repair. Investment Theory has been explained in terms of the investment by the customer in the search process (Gerner & Bryant, 1981). The more customers search, the less the warranty terms among manufacturers will vary. Conversely, a lower level of customer search will result in an increase in the variation of warranty terms.

Brand Loyalty and Store Loyalty

The retail health care industry is characterized by mainly undifferentiated commodity products with an expected level of quality and prices. The brand needs to differentiate an organization's products and services to develop loyalty (Miller, 2001). Brand loyalty is the attachment of a consumer toward a brand even if the brand changes in terms of price or product features (Chahal & Bala, 2010). A well-established brand name, whether a product or an organization, helps to preserve brand loyalty. Increasing brand loyalty enhances brand equity, which develops the consumer's behavior in the health care sector (Chahal & Bala, 2010). A health care organization that develops brand loyalty can compete more effectively, improve its financial strength, and effectively communicate its benefits to the community (Miller, 2001).

The importance of loyalty is related to its positive influence upon customer retention, repurchase, long-term profitability and long-term customer relationships

(Astuti & Nagase, 2014). Repeat business represents the core of any organization, since it improves market share by providing positive word-of-mouth that can attract even more customers (Caruana & Fenech, 2005; Reichheld & Sasser, Jr., 1990). The loyalty construct has evolved in both width and depth over time and includes brand, product, vendor, retail store, and service loyalty, among others (Caruana & Fenech, 2005; Reichheld & Sasser, Jr., 1990). In the health care sector, loyalty management programs are growing in importance, given the increasing number of patients who may be able to choose their health care providers. A successful loyalty program yields increased market share, growing practices, and improved financial outcomes (Chaska, 2006). Albaum and Wiley (2010) note that extended warranties may increase customer loyalty and generate additional sales.

There are mixed findings in terms of differences in brand loyalty across gender. In service settings, Patterson (2007, p. 114) observes that "the psychological disposition of females indicates that they may be more brand loyal." Jensen (2011) found that men were less loyal consumers compared to women in the grocery product market. Rocereto and Mosca (2012) found that achieving brand loyalty is different between genders depending upon product type, whether utilitarian or hedonic. However, they found that in both cases, women are more strongly influenced toward loyalty behaviors. Patterson (2007) also found that mature age groups (35-54 and over 55 years of age) showed significantly more loyalty than younger age groups (18-24 and 25-34 years of age). This may be because older consumers evaluate their experience with the product at the time of the purchase decision (Beneke, 2013).

There has also been mixed findings with respect to loyalty across income groups. Patterson (2007) found that shoppers who are more price sensitive are less loyal, with higher income groups exhibiting more loyalty than low income groups. However, Beneke (2013) found that consumers with higher incomes have fewer restrictions, making them less loyal to a brand than customers with lower incomes. Based on the previous discussion, the following hypotheses are proposed:

H_1a There is greater brand loyalty among females who purchase a warranty compared to males who purchase a warranty.

H_1b There is greater brand loyalty among more mature consumers who purchase a warranty compared to younger consumers who purchase a warranty.

H_1c There is greater brand loyalty among lower income groups who purchase a warranty compared to higher income groups who purchase a warranty.

Loyalty includes a commitment to the brand or store, which often results in a commitment over time and recommending the brand or store to others (Swimberghe, Sharma, & Flurry, 2009). In the retail service sector, a satisfied customer tends to become a loyal customer who exhibits repeat purchase behavior (Chen & Quester, 2006). Recently, store loyalty has weakened due to increased store choices, competitive awareness, consumer mobility, and consumers' shortage of time (Bove & Mitzifiris, 2007). These factors may negatively influence a store's profitability, since loyalty toward a company or store results in customer retention, which may in turn reduce costs. These challenges have provided greater motivation for companies to develop customer loyalty programs in order to retain customers (Lu & Seock, 2008).

Warranties influence consumers by increasing satisfaction via dissonance reduction (Shimp & Bearden, 1982) and increasing loyalty (Oumlil, 2008). Thus, the importance of patient retention or repeat purchase rests in the ability to positively affect customer satisfaction before and after the health care encounter. However, the organization can incur serious problems due to product failure within the warranty period, causing consumer dissatisfaction and organization expense to fulfill the warranty (Gutierrez-Pulido, Aguirree-Torres, & Christen, 2006).

Regarding gender, the literature is mixed in terms of store loyalty. Harmon and Hill (2003) found that men were heavy users of grocery store loyalty cards. In contrast, Stan (2015) found that women are more loyal to the store than men. Also, Kurtulus and Ertekin (2015) found that female shoppers are more store loyal than male shoppers.

Evanschitzky and Wunderlich (2006) studied the relationship of store loyalty to age and income, among other demographics, using customers of a large do-it-yourself retailer. They state that, regarding age, information processing suggests that older consumers are less likely to seek new information, relying on heuristic or schema-based forms of processing. In contrast, younger consumers seek alternative information, which may also change their loyalty.

Finally, there has been considerable work suggesting that income is related to consumer loyalty (Crask & Reynolds, 1978; Korgaonkar, Lund, & Price, 1985; Zeithaml, 1985). Based upon this research, Evanschitzky and Wunderlich (2006) concluded that store loyalty will be stronger for low-income consumer than for high-income consumers. Based on the previous discussion, the following hypotheses are proposed:

H_2a There is greater store loyalty among females who purchase a warranty compared to males who purchase a warranty.

H_2b There is greater store loyalty among more mature consumers who purchase a warranty compared to younger consumers who purchase a warranty.

H_2c There is greater store loyalty among lower income groups who purchase a warranty compared to higher income groups who purchase a warranty.

METHODOLOGY

The study sample was a regional sample from a metropolitan statistical area (MSA) in the southeastern United States. An MSA is a metropolitan area surrounded by nonmetropolitan counties and is neither socially nor economically dependent on another metropolitan area. A metropolitan area has a city or urban area with at least 50,000 consumers and a total metropolitan population of at least 100,000 (Pride & Ferrell, 2010). The respondents consisted of current patients at a privately-owned and operated, single-outlet, retail optical center. The quota sampling method was used, since it was desired to collect data from only patients of the optical center. The questionnaires were distributed at the receptionist's counter in the patient waiting area to those patients who were willing to complete them. The anonymity of the respondent was assured by the receptionist to foster accurate responses.

The eyeglass warranty covered any damage for one year with free replacement of the frame and lens if necessary. The cost was \$29 and was included at no charge with a purchase at full retail price. As generous as this warranty may seem at first, it falls short of the unconditional warranty, which, in its pure form, promises at a minimum, a full refund (Hart, Schlesinger, & Maher, 1992). The sample size of those who had previously purchased a warranty (n = 120) was accompanied by relevant demographic information. Only subjects who had purchased a warranty were relevant for this study. In terms of gender, there was a two-to-one difference between females (n = 72, 60%) and males (n = 36, 30%). Age groups were fairly evenly distributed among three of the generational cohorts, Generation Y (n = 34, 28.3%), Generation X (n = 37, 30.8%), and Baby Boomers (n = 36, 30%). Matures were not well-represented (n = 5, 4.1%). Income was concentrated in the first three income categories, \$0-10,000 (n = 24, 20%), \$10,001-30,000 (n = 34, 28.3%), and \$30,001-50,000 (n = 27, 22.5%). Complete information on the sample description is in Table 1.

Table 1
Descriptive Information of Sample (n = 120)*

Items		percent (n)
Gender	Male Female	36 (30.0) 72 (60.0)
Age	Under 18 18-28 29-42 43-61 62-65 Over 65	8 (6.7) 34 (28.3) 37 (30.8) 36 (30.0) 4 (3.3) 1 (0.8)
Income	0-10k 10,001-30k 30,001-50k 50,001-70k 70,001-100k Above 100k	24 (20.0) 34 (28.3) 27 (22.5) 14 (11.7) 14 (11.7) 3 (2.5)
Marital Status	Married Single Living with another Widowed Separated Divorced	56 (46.7) 38 (31.7) 6 (5.0) 2 (1.7) 7 (5.8) 10 (8.3)
Race	White (Caucasian) African American Hispanic American Pacific Islander Asian American Native American Other	79 (65.8) 29 (24.2) 3 (2.5) 2 (1.7) 2 (1.7) -0- 4 (3.3)
Education Completed	GED High School Undergraduate Graduate Professional Degree Technical Other	8 (6.7) 33 (27.5) 34 (28.3) 24 (20.0) 11 (9.2) 4 (3.3) 3 (2.5)
Occupation	Homemaker/Not Employed Self-Employed Educator Professional Work for Company/Business Other	16 (13.3) 9 (7.5) 13 (10.8) 18 (15.0) 49 (40.8) 11 (9.2)
Patient Status	New Patient Returning Patient	28 (23.3) 92 (76.7)

* percentages may not total 100 percent due to missing data (nonresponse)

MEASURES

Loyalty to the product/brand and loyalty to the store (Lichtenstein, Netemeyer, & Burton, 1990; Raju, 1980) are both well-established scales that have been used in previous research. All items were measured on a seven-point Likert scale from "1 = strongly disagree" to "7 = strongly agree," in which the rating, 4, was for respondents who felt neutral. Dichotomous or dummy variables were defined for each of the three demographics, with male = 1 and female = 2 for gender, younger (to age 42) = 1 and older (43 years of age and older) = 2, low income ($0-50,000) = 1 and high income (greater than $50,000) = 2.

ANALYSIS AND RESULTS

Reliability coefficients were computed for each of the loyalty scales. Both alpha values were well above the 0.70 value as recommended (Nunnally, 1978). Table 2 presents the alpha values for the items used.

Table 2

Reliability Coefficients

Scale/ Statements	Coeffcient Alpha
Brand Loyalty	0.93
I generally buy the same brands of eyewear that I have always bought.	
Once I get used to a brand of eyewear, I hate to switch.	
If I like a brand of eyewear, I rarely switch from it just to try something different.	
Even though certain products/services are available in a different number of brands, I always tend to buy the same brand of eyewear.	
Store Loyalty	0.88
I generally visit the same eye care professional that I have always used.	
Once I get used to an eye care professional, I hate to switch.	
If I like an eye care professional, I rarely switch just to try something different.	
Even though certain products/services are available with different optical centers, I always tend to visit the same eye care professional.	

Independent-samples t-tests were used to test the hypotheses; the results are summarized in Table 3. The results are significant for Hypothesis 1b, brand loyalty and age ($p < 0.05$), albeit in the opposite direction hypothesized, and similarly for Hypothesis 2c, store loyalty and income ($p = 0.10$). Thus, although significant, both hypotheses are rejected. Younger patients who purchased a warranty had greater brand loyalty than older patients who purchased a warranty. Higher income patients who purchased a warranty had greater store loyalty than lower income patients who purchased a warranty.

Table 3
Brand and Store Loyalty and Differences Among Gender, Income, and Age

Variable	Brand Loyalty Mean (SD)	t-value	Sig.	Store Loyalty Mean (SD)	t-value	Sig.
Male Female	4.01 (1.87) 3.85 (1.93)	0.39	0.68	5.87 (1.36) 6.07 (1.19)	-0.73	0.82
Younger Older	3.95 (1.97) 3.88 (1.73)	0.18	0.03*	5.89 (1.33) 6.16 (1.07)	-1.08 -1.16	0.15
Higher Income Lower Income	3.98 (1.19) 3.85 (1.73)	0.30	0.29	6.05 (1.20) 5.90 (1.37)	0.56	0.10**

* $p < 0.05$
**$p = 0.10$

CONCLUSIONS

This study attempted to look at the different levels of brand loyalty and store loyalty for respondents who were grouped by demographic characteristics at a privately-owned and operated, single-outlet, retail optical center. The variables examined were brand loyalty and store loyalty. Based on the analyses, younger patients who purchase the warranty were more brand loyal than older patients who purchase the warranty. This significant result, although in the opposite direction of the hypothesis, concurs with more recent surveys where the relationship between brand loyalty and age has been overstated and where brand loyalty varies more by category than by age (Setlow, 2002). Additionally, patients with higher incomes were significantly more store loyal than patients with lower incomes.

Brand and store loyalty are two of several possible factors aiding customer retention, with the caveat that it costs between five and eight times more to attract a new patient than keeping an existing one. Moreover, raising patient retention by just five percent can increase the lifetime value of the average patient by 25-100 percent (Reid, 2009). These concepts comprise the basis of customer relationship management (CRM) or relationship marketing. Customer retention and loyalty are central to relationship marketing. Moreover, establishing a long-term relationship with a service provider holds a unique appeal to consumers. Customers prefer personalized, closer relationships with service providers (Bendall-Lyon & Powers, 2002). The results of this study suggest that optical marketers target younger consumers and higher income consumers in terms of their warranty offerings.

DISCUSSION

Based on the results of this study, relationship marketing is just one strategic option that the product warranty may support. The results suggest that an eyeglass warranty at a retail optical center is important for younger patients in terms of brand loyalty and higher income patients in terms of store loyalty. After incorporating the warranty as part of the product, increases in warranty purchases may be facilitated via the optical center's professional staff and its utililization of personal selling techniques. The other elements of the promotional mix, advertising, sales promotion, and public relations may be leveraged with this same message as part of an integrated marketing communications (IMC) campaign toward younger consumers and higher income consumers.

LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

There are some limitations to this study that future research can address. For example, the results in this study were based on a privately-owned, single outlet, retail optical center in an MSA in the southeastern United States. The results may not be generalizable to other optical organizations, including those with multiple outlets, other health care organizations, other service organizations, or other regions of the United States. Future research needs to determine if the results would be different with any of these variations, a larger sample, and a different sampling method. This study examined warranty effectiveness in terms of brand loyalty and store loyalty. Further analysis may investigate warranty effectiveness using other types of loyalty and/or other variables. Finally, a warranty adds to the cost of the product. Given the added organizational expense of offering warranties, this topic is important for marketers to continue to study and hopefully this paper encourages future research and discussion.

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BRIEF BIOGRAPHICAL SKETCH OF AUTHORS

Timothy H. Reisenwitz, has a DBA in Marketing from Cleveland State University and is Professor of Marketing in the Department of Marketing and International Business at Langdale College of Business, Valdosta State University, where he teaches at the undergraduate and MBA program levels. His work is published in several journals, including *Journal of Consumer Marketing, Marketing Management Journal, Journal of Real Estate Literature, Journal of Medical Marketing, Marketing Education Review, Journal of Business Strategies, and Academy of Educational Leadership Journal.*

Sanjay Gupta is the Associate Dean and a Professor of Accounting at the Langdale College of Business, Valdosta State University. His primary research interests are in executive compensation, business ethics, quality modeling, and pedagogy.