

## Antecedents to Intention to Engage in the Online Negative Word-of-Mouth Communication

*Dien Mardhiyah,<sup>ab\*</sup> Basu Swastha Dharmmesta,<sup>b</sup> and B.M. Purwanto<sup>b</sup>*

<sup>a</sup>Faculty of Economics and Business, Universitas Airlangga, Indonesia

<sup>b</sup>Faculty of Economics and Business, Universitas Gadjah Mada, Indonesia

**Abstract:** Complaints delivered directly to a firm will not be a problem if they can be handled properly, while the ones that are not disclosed directly to the firm but to a third party or even warnings to others not to use particular products or services, will be negative word-of-mouth communication. It can damage the image of the firm and be very detrimental. The purpose of this study was to analyze the antecedents of intention to engage in negative online word-of-mouth communication that includes dissatisfaction, service importance, success of complaint, complaint benefit, self confidence, altruism, retaliatory intention, and complaint cost. Medical services were selected considering the impact caused by the negligence of the service provider possibly giving rise to negative word-of-mouth communication. The online environment has been considered because of the developments in technology which provide opportunities for consumers to communicate with each other. In addition, the dissemination of information through online media can spread incredibly widely and rapidly. The samples in this study comprised consumers of medical services who had disappointing experiences in using those services either directly or indirectly. A total of 123 questionnaires were analyzed with multiple regression analysis to test the research hypothesis. The results showed that the factors influencing the intentions behind negative online word-of-mouth communication were success of complaint, altruism, retaliatory intention, and complaint cost.

**Abstrak:** Keluhan yang tidak diungkapkan langsung kepada perusahaan tetapi kepada pihak ketiga atau bahkan mengingatkan pihak lain untuk tidak menggunakan produk atau jasa perusahaan tertentu akan menjadi komunikasi *word-of-mouth* yang bersifat negatif dan dapat merusak citra perusahaan sehingga merugikan perusahaan. Penelitian ini bertujuan untuk menganalisis antecedes niat komunikasi *word-of-mouth* negatif secara *online* yang meliputi: tingkat ketidakpuasan, tingkat kepentingan jasa, sukses perilaku keluhan, manfaat keluhan, kepercayaan diri, altruisme, niat retaliasi, dan biaya keluhan. Layanan medis dipilih mengingat dampak yang ditimbulkan akibat kelalaian penyedia jasa sangat memungkinkan untuk terjadinya komunikasi *word-of-mouth* negatif. Lingkungan *online* dipilih mengingat perkembangan teknologi memberikan peluang bagi konsumen untuk berkomunikasi dengan konsumen yang lain. Penyebaran informasi melalui media *online* memiliki tingkat penyebaran yang luas dan cepat. Sampel dalam penelitian ini adalah konsumen pengguna jasa medis yang mengalami kekecewaan atas layanan yang diterimanya, baik secara langsung maupun tidak langsung. Sebanyak 123 kuesioner di analisis dengan menggunakan metode Regresi Berganda untuk menguji hipotesis penelitian ini. Hasil penelitian menunjukkan bahwa faktor yang berpengaruh terhadap niat komunikasi *word-of-mouth* negatif secara *online* adalah kemungkinan sukses perilaku keluhan, altruisme, retaliasi, dan biaya keluhan.

**Keywords:** medical service; negative word-of-mouth communication; online

---

\* Corresponding authors. E-mail: [diena333@yahoo.co.id](mailto:diena333@yahoo.co.id)

ISSN: 1141-1128

<http://www.gamaijb.mmugm.ac.id/>

## Introduction

Not all consumers are willing to express their dissatisfaction directly to a firm (service provider). Some consumers prefer to be silent or present complaints privately to friends or relatives or immediately switch to another product or service. The two main reasons consumers do not reveal complaints directly to the firm are that, according to the consumers, efforts and time that they take are in vain (Day et al. 1981 in Heung and Lam 2003) and their complaints are not listened to by the firm (Sanes 1993 in Heung and Lam 2003).

Complaints that are delivered directly to a firm will not be a problem to that firm, especially if the complaint can be handled properly. Complaints that are not disclosed directly to the firm but to a third party, or even warnings to others not to use particular products or services, will be negative word-of-mouth communication about that firm. It can damage the image of the firm and be very detrimental. The firm will be unaware of the things that will happen because of customer complaints that are not delivered directly to the firm. This issue is needs attention and cannot be taken lightly by the firm. Word-of-mouth communication is considered more honest and trustworthy than the recommendations obtained from salespeople or a firm's formal marketing channels. It should be one of the firm's promotional tools that is very cheap and not be a justification to consumers about the poor quality of the firm. That's why firms need to understand the things that cause consumers to not express complaints directly.

With the development of technology, especially information and communications technology, it has become easier for people to communicate with others about anything,

anywhere and anytime, including their experiences when using a particular product or service. Consumers can express their satisfaction or complaints regarding goods or services to another party electronically via the Internet known as Electronic Word-of-Mouth or Online Word-of-Mouth. Complaints expressed through the internet are not only related to the products or services that are available online, but can also be complaints about products or services obtained offline. Communication that contains complaints, that are spreading negative information about something, are called Negative Word-of-Mouth. In a famous case, complaints were made by Prita Mulyasari to her friend via email related to treatment she received at the Omni International Hospital in Tangerang, Indonesia, was a form of online expression of personal dissatisfaction or online negative word-of-mouth (WOM) communication. In view of the fact that negative WOM communication is more easily spread online (Solomon 2007), as well as considering the impact of negative WOM communication, companies need to pay more attention to this matter. Finding out what is causing the problem so that action can be taken to anticipate and overcome it.

Because dissatisfaction is a feeling, it can only be known if it is expressed. Firms are always trying to encourage consumers to express complaints directly to the firm if they feel dissatisfied. The firm benefits from this a lot as it can improve consumer satisfaction, decrease negative comments to third parties, get useful market information, and can retain customers. Nevertheless, it is not easy.

Although the firms are making efforts to encourage consumers to communicate complaints directly to them, they need to realize that there are several alternative ways that can be used by the consumers to express their dissatisfaction and that the firms should

anticipate these alternatives. According to Day and London (1977) in Mattila and Wirtz (2004), there are seven alternative ways in which the consumers can express their dissatisfaction, which are: looking for improvement directly from the firm; taking legal action to get repairs; expressing complaints to third parties such as government, business and individual organizations; deciding to stop buying the product or brand or boycotting sales; reminding friends to not use a product or service; and finally, not taking any action.

Several studies have been done related to consumer complaints behavior, the different aspects of which are related to the type of product (Oster 1984), characteristics of consumers who make complaints (Moyer 1984; Fernandes and Santos 2007), the influence of the level of dissatisfaction (Singh and Pandya 1991), the perception of injustice associated with the procedure and the results obtained by the consumer (Saxby et al. 2000), online complaints made by consumers of the online product or service communicated to third parties (Goetzinger et al. 2006), comparison between online consumer complaint behavior of consumers online and offline consumer complaint behavior of consumers offline (Cho et al. 2002), as well as about the choice of media for expressing complaints used by consumers associated with motivation and purpose (Mattila and Wirtz 2004).

Complaints delivered through the internet are not only related to the products or services that are available online, but can also pertain to complaints on products or services obtained offline. Existing research (Cho et al. 2002) only examines offline complaints made by consumers on products or services obtained offline or online complaints made by consumers for products or services ob-

tained online. In fact, it is possible that consumers will complain online for the products or services obtained offline. Bearing in mind that the effects of negative WOM communication are very detrimental to the company (service provider) and the impact of negative WOM communication dissemination is wider online (Solomon 2007), and the lack of research that examines the antecedents of negative WOM communication online, this study aims to examine the antecedents of consumer complaint behavior in an online environment for purchases made in an offline environment especially in the medical field where the consumer has expressed complaints to the firm or has never expressed complaints to the firm. From the theoretical aspect, it is an interesting application for the development of an understanding of consumer complaint behavior, especially negative WOM. From the managerial aspect, the results of this study will be helpful for service providers to better understand factors that drive a consumer to communicate negative WOM in an online environment and they can design a strategy to anticipate the occurrence of negative WOM communication online.

In addition, the medical field is a concern for us considering the impact of service failure, which has the potential of causing both physical and mental suffering for consumers (Brown and Swartz 1984) and families of consumers with the worst possibility being permanent disability or even loss of life. It forces consumers to express complaint. Based on that, the service providers, especially in the medical field, should be careful in delivering services to customers and be mindful of the impact caused by their negligence as well as the impact for service providers of negative word-of-mouth communication by consumers.

## Conceptual Framework and Hypothesis Development

### *Consumer Complaint Behavior*

According to Day and London (1977) in Mattila and Wirtz (2004) there are seven alternative ways in which the consumers express their dissatisfaction directly or indirectly to the firm or service provider. These seven alternative ways are: looking for improvement directly from the firm; taking legal action to get compensation; expressing complaints to third parties such as government, business and individual organizations; deciding to stop buying the product or brand or boycott sales; reminding friends not to use a product or service; and, finally, not taking any action.

Ballantyne and Varey (2006) in Tronvoll (2007) adopt the perspective of service dominant logic from Vargo dan Lusch (2004) which focuses on the joint process creation and services evaluation as a value in use between providers and consumers as a different process. According to this perspective, performance of the first service is used as a basis for the evaluation of the next interaction. Both service interactions will create the overall service experience. The consumer complaints behavioral approach used in this study refers to the statement of Ballantyne and Varey namely that the service is seen as an ongoing process between one transaction and the next that creates the overall service experience.

### *Online Negative Word-of-Mouth*

Word-of-mouth (WOM) communication is informal information about a product that is sent from one party to another (Solomon 2007). WOM communication con-

ducted by consumers can be positive or negative. Positive WOM communication is positive information made by satisfied customers about the products or services they consume, and it is more informative. Meanwhile, negative WOM communication is negative information conveyed by consumers because of dissatisfaction with the products or services they consume (Zeithaml and Bitner 2003) and it tends towards being a warning to be careful in using the product or service that is being communicated.

Behavioral responses due to the dissatisfaction in the form of negative WOM communication has received less attention because it is not recognized and does not deal directly with the firm. But in the long-term, the impact of negative WOM communication will be very detrimental to the firm. Because WOM communication is considered more honest and trustworthy than the recommendation derived from the salesperson or formal marketing channel company, the company should not consider the impact of WOM communication to be negligible, especially the negative kind. Moreover, people would rather pay attention to negative information than positive information related to the experience of people when considering new products or services (Solomon 2007; and Laczniak et al. 2001).

The global nature of the internet has created electronic WOM communication media (eWOM) for consumers that allow consumers to communicate with consumers they have never met before (Gruen et al. 2006). The internet allows one to respond to email, weblogs, or the discussion forum via the internet, which results types of electronic WOM communication in the form of writing which has more credibility than the sources of information created by marketers via the

internet. According to Solomon (2007), negative WOM communication spreads more easily online.

### ***Antecedents to Online Negative Word-of-Mouth Communication***

Jacoby and Jaccard (1981) identified the main categories of evaluation factors that may influence post-purchase complaint behavior, namely (1) marketing channel factors, (2) situational factors, and (3) individual factors including demographic factors. Some studies distinguished clearly between individual factors and situational factors (Lau dan Ng 2001; Cho et al. 2002), whereas others did not distinguish between those factors explicitly. Because negative WOM communication is part of the complaint behavior, the determinants of consumer complaint behavior are also determinants of negative WOM communication. Individual factors are chosen because, according to Brown and Swartz (1984), the factors derived from individuals that have the greatest influence on the consumer complaint behavior are those that need to be known by marketers. Meanwhile, situational factors are chosen because these factors can be influenced or improved by marketers. Antecedents of negative WOM in this research were dissatisfaction, service importance, success of a complaint, complaint benefit, Self confidence, altruism, retaliatory intention, and cost of complaint.

### ***Consumer Dissatisfaction***

Research on consumer satisfaction/put fulfillment of expectations as a determinant of the satisfaction or dissatisfaction of consumers (Cho et al. 2002). Some definitions of satisfaction/dissatisfaction contain explanations relating to expectations. Because the service is a process, expectations are strongly associated with all of the things that occur

during the ongoing process of delivering the service (Zeithaml and Bitner 2003). Consumers who are not satisfied will discontinue using the product or service and also will tend to spread negative messages that can undermine the firm's image (Day and London 1977 in Singh 1988).

This is consistent with the results of research conducted by Oh (2004) which indicated that consumer dissatisfaction has a significant influence on complaints being made directly to the company, on negative word of mouth communication and complaint to other parties. The research of Fernandes and Santos (2007) also showed similar results and concluded that although the effect of consumer dissatisfaction is not as big in negative WOM communication and intention of switching to another service provider, dissatisfaction also has an effect on complaints being made directly to the firm. According to research conducted by Cho et al. (2002) expression of complaints occur in both offline purchases and online purchases. The first hypothesis is as follows:

*H<sub>1</sub>: Dissatisfaction has a positive effect on intention to engage in the online negative WOM communication.*

### ***Service Importance***

Service importance refers to the relative worth that individuals place on a product or service (Oh 2004). According to Lau and Ng (2001), the more important a product or service, the higher the consumer's willingness to expend effort and cost to get it. The greater the sacrifice, the greater the expectation of the product or service. If the product or service does not match what is expected, it will lead to dissatisfaction that will encourage consumers to express their grievances and seek to obtain compensation for what they have sacrificed. The results of

research by Cho et al. (2003) showed no significant effect of the level of importance of services on consumer complaint behavior. Although the level of importance of services has no significant effect on the behavior of consumer complaints, the effect in the online purchasing environment is still greater than in the offline purchasing environment. However, research results by Oh (2004) showed that the level of importance of a service will influence consumers to communicate by negative WOM or deliver complaints directly to the firm.

Although research that was conducted by Cho et al. (2003) showed that the benefit of a service does not have a significant effect on negative WOM communication, the results showed that the effect was greater in the online purchasing environment compared to offline purchasing environment. This was considered by the author because the setting of this study negative WOM in online environment. Moreover, referring to the research results of Oh (2004) which showed that service importance affects consumer intention to engage in negative WOM communicate. Based on this, we hypothesize:

*H<sub>2</sub>: Service importance has positive effect on intention to engage in the online negative WOM communication.*

### **Success of Complaint**

Success of complaint is strongly associated with the likelihood that results will be obtained by the consumer due to complaints submitted directly to the service provider. When consumers believe that their complaints will be received by the company and handled effectively, or in other words, complaints have a good probability of success, they will be more inclined to express their complaints directly to the company and not communicate by negative WOM or even

move to other products or services. Actually, not all consumers are willing to express their dissatisfaction directly to a firm (service provider). The two main reasons consumers do not make complaints directly to a firm is that, according to consumers, the effort and time that they takes are in vain (Day et al. 1981 in Heung and Lam 2003) and the complaint is not listened to by the firm (Sanes 1993 in Heung and Lam 2003). Some consumers prefer to be silent or present complaints privately to friends or relatives or immediately switch to another product or service. Sigh (1990 in Oh 2004) states that the greater probability of success of a complaint is related to lower level consumers to switch to other service providers as well as engage in negative WOM communication. This is supported by the results of research conducted by Fernandes and Santos (2007). However, research conducted by Oh (2004) does not support it. In other words, according to the research by Oh (2004), the perception of successful complaint behavior has no effect on negative WOM communication. Therefore, we suggest the following hypothesis:

*H<sub>3</sub>: Success of complaint has negative effect on intention to engage in the online negative WOM communication.*

### **Complaint Benefit**

Someone will be willing to do something if he gets benefit from, and this includes negative WOM communication. People will tend to communicate by negative WOM when they get the benefits of such action. Based on research conducted by the Oh (2004) and Cho et al. (2003), perceptions of the benefits of making a complaint will affect the intention to express the complaint either through public actions (demanding improvements from the company, legal action, or expressing their complaints to a third party) and per-

sonal actions (WOM communication). According to this idea, we formulate the following hypothesis:

*H<sub>4</sub>: Complaint benefit has a negative effect on intention to engage in the online negative WOM communication.*

### **Self-Confidence**

Self-confidence is one of the consumer characteristics that may affect his behavior which have to be understood. People who have strong self-confidence will be assured in what they do self-confident people will not give the same responses about things. It is believed by Bearden et al. (1979 in Cho et al. 2002) that different individuals will have different tendencies in terms of expressing dissatisfaction. Some customers easily express their complaint and try to demand improvements. There are also consumers who remain silent even though they do not feel satisfied with the products or services they use. Yi (1990 in Cho et al. 2002) identify self confidence and aggressiveness as the traits of someone who tends to translate dissatisfaction into complaint behavior. Research conducted by Cho et al. (2002) showed that someone's personal character influences his complaint behavior in both offline and online environments. This is supported by the research results of Fernandes and Santos (2007) which also showed a significant influence of personal character on negative WOM communication, the intention to move to other service providers, as well as complaints being made directly to the company. Based on that we formed the following hypothesis:

*H<sub>5</sub>: Self confidence has a positive effect on intention to engage in the online negative WOM communication.*

### **Altruism**

Altruistic motivation is associated with one's motivation to do certain things that benefit others even when doing so can sometimes be detrimental or require sacrifice (Monroe 1994 and Umberger et al. 2009). Altruism may be giving something, sharing something, cooperating or giving aid through various forms of behavior, directly to the other party. In this study, consumers who feel disappointed with certain medical services are motivated to perform certain actions that benefit others, i.e. to prevent other (potential) consumers experiencing what he feels or feeling the loss suffered by sharing experiences or informing them about medical services that performed poorly. It could be argued that the greater a person's motivation to prevent other consumers being harmed, the greater the encouragement to communicate negative WOM information about the disappointing medical services. Based on that, and if it is associated with the setting of this study research, in the following hypothesis was formed:

*H<sub>6</sub>: Altruism has a positive effect on intention to engage in the online negative WOM communication.*

### **Retaliatory Intention**

Consumers who feel dissatisfaction with medical services can take retaliatory action. Retaliatory action is defined as a customer's effort to punish and make the service provider pay for damages perceived to have been caused by the service provider (Grégoire and Fisher 2006). Consistent with this definition, a desire to retaliate is defined as a customer feeling the need to punish and make a firm pay for the loss he felt due to the actions taken

by the providers of medical services with respect to him. In other words, retaliation is motivated by customers' desire to bring the firm down.

The purpose of consumers communicating by negative WOM is to punish a company that has caused the consumer harm as a result of the use of certain medical services provided. Consumers feel disadvantaged over services failure on the part of physicians or paramedics. Because of that, a consumer intends to punish the medical services that caused them to feel disappointment. It is manifested in the form of negative communication by word of mouth. Thus the intention to retaliate is associated with the use of specific medical services that encourages consumers to make negative WOM communication.

This is supported by the results of research conducted by Grégoire and Fisher (2006) on the MBA students who had unpleasant experiences with some service providers. The results showed that consumers' desire for retaliation significantly predicts negative WOM communication. Based on that fact the following hypothesis is presented:

*H<sub>7</sub>: Retaliatory intention has a positive effect on intention to the negative online WOM communication*

### **Cost of Complaint**

On the occurrence of the complaint, a person will perceive a significant difference between the costs (sacrifice) that are involved and the potential returns that will be received (Kotler and Keller 2006). These costs could be material and non-material costs. Landon (1977) describes how the costs associated with customer complaints are a function of time, the perception of the existence of channels of complaint, and the experience of pre-

vious complaints (in Cho et al. 2002). The greater the costs the consumer has to bear to express complaints to the firm, the less likely the consumer is to express their complaints (Richins 1979 in Cho et al. 2002). When consumers are reluctant to express their complaints directly to the firm, disappointed consumers tend to deliver their disappointment to another party. One of the things done by consumers is to communicate negative WOM information to friends or relations. The results of research of Cho et al. (2002) show that complaint cost significantly affects the intention to express complaint. According to these ideas, we formulate the following hypothesis:

*H<sub>8</sub>: Cost of complaint has a positive effect on intention to the negative online WOM communication*

## **Methods**

### **Research Design and Respondents**

This study is a replication of a previous study with related topics, namely consumer behavior with regard to complaints, particularly negative WOM communication. What distinguishes this study from previous studies is the research setting, which in this study is the online environment. It is based on the development of technology and communication and the impact of technological developments on the spread of negative messages.

The sample was made up of individuals who had had an unpleasant experience with certain medical services either directly or indirectly, whether or not they had expressed complaint directly to the company. Directly, in this case, means the use of medi-



cal services for him or her self, while 'indirectly' relates to family or relatives who used the medical services.

We conducted a field study based on respondents' retrospective experiences. This methodology is used because service failures are memorable events that can easily be recalled by customers. Further, research demonstrates that respondents have the ability to accurately recall the thoughts and feelings of past experiences (Tax et al., 2003). Researchers did not provide a time limit as to when the unpleasant experience associated with medical services was a concern. According to Aaker et al. (2008), a person's emotional experience can be retrieved by using a variety of cues that help them describe the experience of the past. We assisted the respondents to remember unpleasant experiences through a few questions in a questionnaire associated with such experiences.

A non-random sampling method with purposive sampling was used. The use of non-random sampling method in this study was due to the lack of a list of consumers who use these services, or the lack of a sampling frame (Sekaran 2010). The sample taken in this study comprised 123 respondents (response rate = 82%). Data were collected through an online questionnaire distributed via email as an initial screening of the respondent to comply with the purposes of the research. The sample size was based on the opinion of Roscoe which states that a sample size that is greater than 30 and less than 500 is sufficient for use in all studies or for research that perform a multivariate analysis, the sample size of at least 10 times the number of variables studied (Sekaran 2010). There are 9 variables examined in this study. With a sample of 123, this means the study has met the minimum requirements.

## **Research Instruments**

Some of the measures used in this study were formed, some others were modified and adapted from previous studies and developed specifically for this study after reviewing the relevant literature. Measurements that were obtained from previous studies in English, we conducted back translation to produce instruments in the Indonesian language which was the language predominantly used by the respondents.

The survey questionnaire consisted of three sections. Section one was to collect data on demographic characteristics of the respondents such as gender, age, highest education level, income level. Section 2, respondents were asked to write their negative experiences related to the use of certain medical services. It helped respondents to recall accurately past experience. Moreover, we also asked for information about respondents' activities related to internet use because the main variable in this study was the intention to engage in online negative WOM communication. The last section contained questions related to research variables.

The operational variables for dissatisfaction and cost of complaint were adapted from Cho et al. (2002). The operational variables for service importance were adapted from Cho et al. (2002) and Oh (2004). The operational variables for success of complaint and benefit of complaint were adapted from Oh (2004) and Fernandes and Santos (2007). The operational variables for self confidence were adapted from Cho et al. (2002). The operational variables for retaliatory intention were adapted from Grégoire dan Fisher (2006). The operational variables for intention to engage in online negative WOM communication were adapted from Oh (2004), Grégoire and Fisher (2006), and Fernandes

and Santos (2007). Meanwhile we developed our own the operational variables for altruism based on related literature. All measurements of the constructs used a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items that are used for each construct can be seen in the Appendix.

## Data Analysis and Results

### *Validity and Reliability*

The quality of the data will affect the results of hypothesis testing. The research data will not be useful if the measurement

instruments used do not meet validity and reliability standards. Therefore, testing the validity and reliability of the instruments is necessary in a study (Cooper dan Emory 2001). Factor analysis was used in the analysis of this study to test the validity because it was one of the multivariate statistical methods whose primary goal is to summarize or reduce data or variables that need to be analyzed. And because the question items in the questionnaire were adopted from previous studies with modifications, factor analysis performed is confirmatory. In addition, factor analysis was used in this study to identify new variables as antecedents of negative WOM communication in an online environ-

Table 1. Test of Validity

	Component								
	1	2	3	4	5	6	7	8	9
TK1		0.775							
TK2		0.783							
TK3		0.611							
TKJ1				0.852					
TKJ2				0.578					
TKJ3				0.643					
TKJ4			0.879						
TKJ5	0.635								
TKJ6	0.613								
TKJ7			0.829						
MK1	0.808								
MK2	0.816								
MK3	0.661		0.554						
MK4	0.751								
SPK1		0.739							
SPK2		0.641							
SPK3		0.528							
KD1							0.595		

**Table 1 (Continued)**

	Component								
	1	2	3	4	5	6	7	8	9
MK3	0.661		0.554						
MK4	0.751								
SPK1		0.739							
SPK2		0.641							
SPK3		0.528							
KD1							0.595		
KD2							0.565		
KD3							0.901		
KD4							0.901		
KD5									
KD6									0.905
KD7									0.839
A1						0.922			
A2						0.874			
A3						0.921			
R1					-0.928				
R2					0.963				
R3					0.963				
R4					0.876				
R5					0.961				
BK1					0.522				
BK2								0.734	
BK3								0.868	
BK4								0.651	
BK5						0.652			
WOMN1							-0.657		
WOMN2					0.531	-0.525			
WOMN3					0.732				
WOMN4					-0.633				

Extraction Method: Principal Component Analysis  
 Rotation Method: Varimax with Kaiser Normalization.  
 a. Rotation converged in 8 iterations.

ment. Significance criteria for questionnaire items in this study were based on practical significance (Hair et al. 2010). Reliability testing was conducted to measure the extent of an instrument's capacity to consistently measure the object of research (Cooper dan Schindler 2006).

We used SPSS release 17 software to facilitate the research process and used 1 percent as the level of significance. Confirmatory Factor Analysis was used to generate valid measurement. Based on the results of factor analysis, we had variables that were grouped into 9 factors according to the number of test variables that meet the requirement of validity, which had factor loading  $\geq 0.05$ . Based on the results of factor analy-

sis on 41 items, 29 items remained and were used for the final analysis (see Table 1).

Once the items were tested for measurement validity, reliability testing was undertaken. Reliability testing was based on a value of Cronbach's alpha ( $\alpha$ ) that had to be higher than 0.60 (Nunally (1967) in Gozhali 2005) and item-to-total correlation higher than 0.50 (Sekaran 2004). Items that had item-to-total correlation lower than 0.50 could still be accepted if the item being removed produced a smaller Cronbach's alpha coefficient (Purwanto 2002). In Table 2, we can see the items that will be used in further testing. It appears that the items that have been proven valid also tested to be reliable.

Table 2. **Test of Reliability**

<b>Variables</b>	<b>Items</b>	<b>Item Total Correlation</b>	<b>Cronbach's Alpha</b>
Dissatisfaction	TK1	0.616	0.807
	TK2	0.738	
	TK3	0.645	
Service Importance	TKJ1	0.445	0.660
	TKJ2	0.618	
	TKJ3	0.625	
Success of complaint	SPK1	0.779	0.776
	SPK2	0.761	
	SPK3	0.769	
Complaint Benefit	MK1	0.824	0.862
	MK2	0.779	
	MK3	0.855	
	MK4	0.830	
Self Confidence	KD1	0.842	0.810
	KD2	0.810	
	KD3	0.667	
	KD4	0.700	
Altruism	A1	0.918	0.956
	A2A3	0.943	
	A2A3	0.947	

*Table 2 (Continued)*

Variables	Items	Item Total Correlation	Cronbach's alpha
Retaliation Intention	R2	0.954	0.971
	R3	0.954	
	R4	0.989	
	R5	0.947	
Cost of Complaint	BK2	0.573	0.740
	BK3	0.520	
	BK4	0.840	
Intention to Online Negative WOM	WOMN2	0.669	0.702
	WOMN3	0.755	

*Source:* Primary data (2012)

### ***Respondents Profile***

The profile of respondents can be seen in Table 3 and shows that, of the 123 respondents, 57.7 percent were female and 42.3 percent were male. Most of the respondents were in a productive age, 16.3 percent were between 21-35; 44.7 percent were between 36-40; 18.7 percent were between 41-45; the rest (20.4%) were spread between 20-25, between 26-30 and older than 45. Approximately 54.5 percent had post graduate education; 35 percent were graduates; 10.5 percent were undergraduates; 37.4 percent reported total income of more than Rp.7.500.000 per month; 27.6 percent were between Rp.5.000.001 and Rp.7.500.000; 25.2 percent were between Rp.2.500.000 and Rp.5.000.000; 9.8 percent were in Rp.1.000.000 – Rp.2.500.000 income group per month.

Besides respondent demography, we also asked for information about respondents activities related to internet use. This was because the research context is online WOM communication. The results showed that only 22 percent of the respondents had a web site, 82.9 percent were on a mailing list or online discussion group, a majority (74.8) used internet more than 6 times per week with duration varying from 1 hour (28.5%), 2 hours (27.6%), 3 hours (12.2%), to 3 hours more (31.7%). The reasons for use of the internet are to search for general information, as a means of communication with friends and relatives, to send and receive email, to be members of social networks, to search for information related to their jobs. Approximately, 74.8 percent respondents used the internet for all of these purposes.

Table 3. Respondents Profile

	People Surveyed	%
<b>Ages</b>		
a. 20-25	5	4.1
b. 26-30	7	5.7
c. 31-35	20	16.3
d. 36-40	55	44.7
e. 40-45	23	18.7
f. >45	13	10.6
<b>Gender</b>		
a. Female	71	57.7
b. Male	52	42.3
<b>Education Background</b>		
a. Under graduate	13	10.5
b. Graduate	43	35
c. Post Graduate	67	54.5
<b>Status</b>		
a. Married	105	85.4
b. Unmarried	18	14.6
<b>Monthly Income (Rp)</b>		
a. 1.000.000-2.500.000	12	9.8
b. 2.500.001-5.000.000	31	25.2
c. 5.000.000-7.500.000	34	27.6
d. >7.500.000	46	37.4

*Source:* Primary data (2012)

## Test of Hypothesis

Regression analysis was performed to analyze the relationship between the antecedents of intention to engage in negative online WOM communication which include dissatisfaction, service importance, success of complaint, complaint benefit, self confidence, altruism, retaliatory intention, and cost of complaint. The results of hypothesis testing can be seen in Table 4.

Hypothesis 1 ( $H_1$ ) posits that as dissatisfaction increases, intention to engage in the

online negative WOM communication increases. Contrary to what was hypothesized, dissatisfaction did not have significant effects on intention to engage in online negative WOM communication ( $H_1$ ). That was based on a significance value of 0.424 ( $>0.05$ ). Coverage of Prita's case that led to legal action caused consumers to be more careful in presenting an online personal complaint. It can be said that it was not dissatisfaction that makes a disappointed patient to engage in the online negative WOM communication. The same thing happened with  $H_2$ ,  $H_3$ , and  $H_5$ .

Table 4. Test of Hypothesis

Hypothesis	Relationship	Standardized Estimate	t	Significance
H1: TK → WOMN	+	-0.084	-0.802	0.424
H2: TKJ → WOMN	+	-0.053	-0.532	0.596
H3: MK → WOMN	-	-0.061	-1.701	0.466
H4: SPK → WOMN	-	-0.192	-2.053	.042
H5: KD → WOMN	+	-0.213	1.316	0.191
H6: A → WOMN	+	0.157	-2.447	.016
H7: R → WOMN	+	0.433	5.578	.000
H8: BK → WOMN	+	0.164	1.986	.049

*Source:* Primary data (2012)

Service importance, complaint benefit and self confidence, did not have significant effects on intention to communicate by online negative WOM. Their significance values were higher than 0.05 (0.596, 0.466, and 0.191).

As a hypothesis, success of complaint had significant negative effect on intention to communicate by online negative WOM (H4). That was based on a significance value of 0.042 (<0.05). H<sub>6</sub>, H<sub>7</sub>, and H<sub>8</sub> were also accepted. Their significance values were 0.016; 0.00; and 0.049. They were lower than 0.05. In other words, altruism, intention to retaliate, and cost of complaint were important factors in determining intention to engage in the online negative WOM communication.

Intention to retaliate is a major driving factor behind the intention to engage in the online negative WOM communication. Considering the impact of the failure of medical services that are very harmful for patients, the respondents would like to teach the pro-

viders of medical services a lesson or make problems for the medical services provider. It is more in the sense of social solidarity that is felt by someone who feels they have a moral responsibility to do something so that others do not receive the same treatment as they have. Actions taken over the sharing of experience are to convince others to be careful about a particular medical service. This is indicated by a significant positive effect of altruistic motivation on intention to engage in the online negative WOM communication.

Someone being dissatisfied with the services was not so important in motivating them to communicate by negative online WOM. Instead, it was more related to the moral responsibility. It can be influenced by demographic factors, which, in this study, included a majority of respondents who were of mature age (35-40 years) and with post-graduate education levels meaning they are more logical than emotional when doing something. Thus on this research, dissatisfaction, service importance, and complaint benefits are not factors that affect the respondents

intention to communicate by online negative WOM.

The characteristics of the majority of respondents made them tend to avoid the disclosure of rambling complaints where the outcome was uncertain. If the disclosure of a complaint directly to the service provider requires great sacrifice (the high cost of complaint), with a low probability of response, the respondent is likely to be motivated to communicate by negative online WOM rather than deliver the complaint directly to the service provider. It made the cost of complaint have a significantly positive affect and the probability of success of complaints have a significant negative effect on the intention to communicate by online negative WOM.

Service importance has no effect on the intention to communicate by online negative WOM because it is more altruistic. Services for consumers who intend to communicate online negative WOM are not essential, but can harm others, it could be a moral burden for him to warn others to be careful in order to avoid having the same experience.

Complaints Benefit had no effect on the intention to communicate by online negative WOM because of respondent demographic factors who are likely to have emotional and financial stability. Respondents intend to communicate by negative WOM not because of the lack of compensation for service failure from the service provider or not the service improvement online, but rather in an effort to warn others to be more careful so it does not get worse or they experience similar service failure considering the medical field is quite low quality.

Self Confidence also had no effect on the intention to communicate by online negative WOM. The respondents were more influenced by a sense of empathy for other con-

sumers considering the impact of the failure of medical services that can be very harmful for them. It is also because of demographic factors. It does not take someone who is confident to communicate online negative WOM, but instead needs someone with sense of social awareness of the impact of the failure of medical services.

## Conclusion, Implications, and Limitations

The focus of this study was to analyze the factors that influence consumer intentions to engage in online negative WOM communication. It is based on the background of previous studies that examined offline negative WOM communication. Moreover, considering the incredible rate of spread of communication which can occur with online media (Solomon 2007). The results showed that the factors that affect consumer intention to engage in the online negative WOM communication were success of a complaint, altruism, retaliatory intention, and cost of complaint. Consumers are more likely to choose online negative WOM communication because of they perceive that a complaint delivered directly to the service provider will not get a response from the company as hoped. This is because, consumers think that the time and efforts that they will sacrifice will be in vain (Day et al. 1981 in Heung and Lam 2003) and that complaints will not be listened to by the firm (Sanes 1993 in Heung and Lam 2003).

What has been sacrificed by consumers will influence their behavior with respect to their personal complaints when they are disappointed. That encourages consumers to take certain actions as a form of revenge against a medical provider which has harmed



them with medical services that are not satisfactory (retaliation). Sometimes people do things that are not profitable for them but are beneficial for others (altruism), as well as consumers. Consumers who are disappointed over certain medical services often warns other (potential) consumers not to use certain medical services in order that they do not experience similar disappointment. The results of this study are expected to provide a discourse for service providers that consumer's social solidarity can be detrimental and threatens the existence of the company in the future.

This study has some managerial implications:

1. The results of this study have implications both for the services providers and for the safety of consumers. The results of the study which show that there is significant influence from the likelihood of success of making a complaint with online negative WOM communication, indicate that consumers have a perception that complaints made directly to the company are futile. In addition, given the benefits that can be obtained for service providers when consumers are willing to make complaints directly to management, the service providers need to encourage consumers to be willing to communicate directly what they feel (evaluation) about the services. Moreover, service providers should conduct socialization of the benefits that will be received by consumers when they express complaints directly to the service provider. Service providers should seek to change the mindset of consumers and encourage consumers to be willing to put forward complaints directly to the service provider in order that the consumers obtain the service as expected.
2. Feedback, such as information from consumers, is very useful for the management of service providers to improve their service performance. Service providers should provide an appropriate response to the consumer if the consumer is expected to make his complaint directly to the company by communicating with the consumer and letting them know that the service provider receives the input and complaints being delivered to them and makes it convenient for feedback and complaints to be delivered.
3. Considering the impact of the service failure, especially in the medical field, it has the potential to cause consumers and their families both physical and mental suffering (Brown and Swartz 1984) with the worst possibility being permanent disability or even loss of life. This forces consumers to express complaint. Based on that, the service provider, especially in the medical field, should be careful about providing excellent services to customers. In other words, service providers make improvements to medical services that can minimize the risk suffered by consumers, so that consumer safety is guaranteed.

### ***Limitations and Implications for Future Research***

There are several limitations to this study we expect to be input and consideration for further studies related to consumer complaints behavior. *First*, there are the characteristics of the sample. In this study, there is no clearly definition of when consumers feel that the unpleasant experiences can influence them to answer questions on some items. Consumers who have an unpleasant experience when using certain medical services at

several times in the past must have a greater tolerance for mistakes in customer service than a recent unpleasant experience. This may affect the respondents to provide answers to the questions in the questionnaire. *Second*, there are the types of medical services used. In this study, we did not limit the type of medical services used. Consumers who use high-cost medical services will probably face

different demands compared to consumers who use low-cost medical services which may affect the level of expectations and their level of disappointment that can impact the impulse to engage in online negative WOM communications. Furthermore, it can affect the responses of consumers to the questions in the questionnaire.

## References

- Aaker, J., A. Drolet, and D. Griffin. 2008. Recalling mixed emotion. *Journal of Consumer Research* 35 (August): 268-278.
- Bailey, K. D. 1994. *Methods of Social Research* (4<sup>th</sup> ed.). New York: The Free Press.
- Brown, S. W., and T. A. Swartz. 1984. Consumer medical complaint behavior: Determinants of and alternatives to malpractice litigation. *Journal of Public Policy and Marketing* (3): 85-98
- Cho, Y., I. Im, R. Hiltz, and J. Fjermestad. 2002. The effects of post-purchase evaluation factors on online vs. offline customer complaining behavior: Implications for customer loyalty. *Advances in Consumer Research* (29): 318-326
- Cooper, D. R., and C. W. Emory. 2001. *Business Research Methods* (7<sup>th</sup> ed.). New York: McGraw-Hill Companies, Inc.
- Fernandes, D. V. der H., and Cristiane P. dos S. 2007. Consumer complaining behavior in developing countries: The case of Brazil. *Journal of Consumer Satisfaction, Dissatisfaction, and Complaining Behavior* (20): 86-109.
- Goetzinger, L., J. K. Park, and R. Widdows. 2006. E-customers' third party complaining and complimenting behavior. *International Journal of Service Industry Management*. (17): 193-206.
- Ghozali, I. 2005. *Aplikasi Analisis Multivariate dengan Program SPSS*. Semarang: Badan Penerbit Universitas Diponegoro
- Grégoire, Y., and R. J. Fisher. 2006. The effects of relationship quality on customer retaliation. *Market Lett* (17): 31-46.
- Gruen, T. W., T. Osmonbekov, and A. J. Czaplewski. 2006. eWOM: The impact of customer-to-customer online know-how exchange on customer value and loyalty. *Journal of Business Research* (59): 449-456.
- Hair, J. F., C. B. William, B. J. Babin, R. E. Anderson, and R. L. Tatham. 2010. *Data Analysis Multivariate* (7<sup>th</sup> ed.). Upper Saddle River, New Jersey: Prentice Hall International, Inc
- Heung, V. C. S., and T. Lam. 2003. Customer complaint behavior towards hotel restaurant services. *International Journal of Contemporary Hospitality Management* (15): 283-289.
- Kotler, P., and K. L. Keller. 2006. *Marketing Management* (12<sup>th</sup> ed.). Upper Saddle River, New Jersey: Pearson Prentice Hall International, Inc.

- Laczniak, R. N., T. E. DeCarlo, and S. N. Ramaswami. 2001. Consumers' responses to negative word-of-mouth communication: An attribution theory perspective. *Journal of Consumer Psychology* (11): 57-73.
- Lau, G. T, and S. Ng. 2001. Individual and situational factors influencing negative word-of-mouth behavior. *Canadian Journal of Administrative Science* (18): 163-178.
- Mattila, A. S., and J. Wirtz. 2004. Consumer complaining to firms: Determinants of channel choice. *Journal of Service Marketing* (18): 147-155.
- McClave, J. T., and T. Sincich. 2003. *Statistics*. (9<sup>th</sup> ed.). Upper Saddle River. New Jersey: Prentice-Hall Inc.
- Monroe, K. R. 1994. A fat lady in a corset: Altruism and social theory. *American Journal of Political Science* 38 (4) (November): 861-893.
- Moyer, M. S. 1984. Characteristics of consumer complainants: Implications for marketing and public policy. *Journal of Public Policy and Marketing* (3): 67-84.
- Oh, D.-G. 2004. Complaining behavior of academic library users in South Korea. *The Journal of Academic Librarianship* (30): 136-144.
- Oster, S. 1980. The determinants of consumer complaints. *The Review of Economics and Statistics* (62): 603-609.
- Purwanto, B. M. 2002. The effect of salesperson stress factors on job performance. *Jurnal Ekonomi dan Bisnis Indonesia* (17): 150-169.
- Saxby, C. L., P. K. Tat, and J. T. Johansen. 2000. Measuring consumer perceptions of procedural justice in a complaint context. *The Journal of Consumer Affairs* (34): 204-216.
- Singh, J., and S. Pandya. 1991. Exploring the effects of consumer's dissatisfaction level on complaint behavior. *European Journal of Marketing* (25): 7-21.
- Solomon, M. R. 2007. *Consumer Behavior: Buying, Having, and Being* (7<sup>th</sup> ed.). Upper Saddle River. New Jersey: Prentice Hall Int'l Inc.
- Tax, S. S., S. W. Brown, and M. Chandrasekaran. 1998. Customer evaluations of service complaint experiences: Implications of relationship marketing. *Journal of Marketing Research* (36): 60-76.
- Tronvoll, B. 2007. Customer complaint behavior from the perspective of the service-dominant logic of marketing. *Managing Service Quality* (17): 601-620.
- Umberger, W. J., D. D T. McFadden, and A. R. Smith. 2009. Does altruism play a role in determining U.S. consumer preferences and willingness to Pay for Natural and Regionally Produced Beef? *Agribusiness* (25): 268-285.
- Vargo, S. L., and R. F. Lusch. 2004. Evolving to a new dominant logic for marketing. *Journal of Marketing* (68): 1-17.
- Zeithaml, V. A., and M. J. Bitner. 2003. *Service Marketing: Integrated Customer Focus Across the Firm* (Int'l edition). New York: McGraw-Hill Companies, Inc.

## Appendix

### *Constructs and Original Items*

Construct	Items
Dissatisfaction	I was dissatisfied with health information provided by that service provider. I was dissatisfied with health services provided by that service provider. I was dissatisfied with the overall service provided by that service provider.
Service Importance	I spent a lot of money on the services which I felt dissatisfied with I spent quite a lot of time on the services which I felt dissatisfied with. Getting the services which I felt dissatisfied with required a lot of effort by me.
Success of Complaint	I thought that the service provider would refund the money I spent on the unsatisfactory services. I thought that, with me airing my complaints to the service provider, other consumers would not to have the same unsatisfactory experience with those medical services that I had. I thought that, with me airing my complaints to the service provider, they would correct or improve the services in the future.
Complaint Benefit	The service provider will know how I feel about the service if I complain directly to it. The service provider will take appropriate action if I complain directly to it. I will get some benefit form the time and effort expended if I complain directly to them. The service provider will offer better services if I complain directly to it.
Self Confidence	I seldom have trouble making important decisions. I know where to find the information I need to make a purchase decision. I am confident in my ability to recognize a brand worth considering. I trust my own judge when considering which brands of product or service to choose.
Altruism	I was motivated to prevent other consumers from making the same mistakes that I did the use of certain medical services. I was motivated to prevent other consumers from getting treated like I did regarding the use of certain medical services. I was motivated to prevent other consumers suffering the loss that I did regarding the use of certain medical services.
Retaliatory Intention	I intend to take actions to cause trouble for the service provider.. I intend to cause inconvenience to the service provider. I intend to punish the service provider in some way. I intend to see that the service provider gets what it deserves.
Cost of Complaint	I think complaining to the service provider takes a lot of long winded talking I think I waste my time if I complain to the service provider. I do not like the process or lodging my complaint to the service provider..
Intention to Engage in Negative WOM	I speak to my friends & relatives online about my bad experience or dissatisfaction I convince my friends & relatives online not to use the services from that provider I denigrated this service provider's reputation to my friends & relatives online

