A MODEL OF RELATIONSHIP DISSOLUTION: ANTECEDENTS AND CONSEQUENCES OF A DISSOLVED BUYER-SELLER RELATIONSHIP

By

MARY ANN HOCUTT

Bachelor of Business Administration
University of Central Oklahoma
Edmond, Oklahoma
1978

Masters of Business Administration
University of Central Oklahoma
Edmond, Oklahoma
1991

Bachelor of Science
University of Central Oklahoma
Edmond, Oklahoma
1992

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
DOCTOR OF PHILOSOPHY
December, 1999

A MODEL OF RELATIONSHIP DISSOLUTION:

ANTECEDENTS AND CONSEQUENCES OF

A DISSOLVED BUYER-SELLER

RELATIONSHIP

Thesis Approved:

J. C. Mowen

Thesis Co-Advisor

G. Chakraborty

Thesis Co-Advisor

Gary Frankwick

Debra L Nelson

Wayne B. Powell

Dean of the Graduate College

ACKNOWLEDGEMENTS

This dissertation is dedicated to the memories of two important people whose lives ended too early to see the completion of this dissertation. My father, the late Roy E. Caruthers, was a constant source of inspiration by encouraging me to work hard and to "run faster than the boys." I know he would have been proud of me, and I felt his presence over my shoulder throughout this challenging period in my life. Second, the late Ian Rennert was the first student to inspire me to pursue a career as a teacher. Ian, every teacher's "dream" student; he showed me how rewarding a close relationship can be with young adult who was just beginning to explore the world around him.

I must express my deepest appreciation to my two major advisors, Drs. John C. Mowen and Goutam Chakraborty. I would never have entered the doctoral program at Oklahoma State if fate had not placed me in a graduate Consumer Behavior class taught by Dr. Mowen. I have Dr. Chakraborty to thank for helping me to lose the "fear of statistics" and realize that analyzing numbers can be as interesting as reading a good mystery novel. Both Drs. Mowen and Chakraborty have seen me through the highs and lows of the doctoral program, and I could not have completed the degree without their continual, patient support.

My thanks also extend to the other two members of my committee, Drs. Gary Frankwick and Debra Nelson. Not only did I learn how to draw my first "model" in Dr. Frankwick's class, but he was also responsible to introducing me to Dr. Nelson, a true role model for any woman in the doctoral program.

Finally, I would like to acknowledge the tremendous support I have received from my family. To my daughter, Jessica, I apologize for all the times she walked up to me when I was hammering away on my laptop at all hours of the day and night. Thanks for never making me feel guilty for being distracted. My mother, Gracie Caruthers, was responsible for giving me the idea this dissertation when she told me how upset her friends had become when their long-time, trusted physician retired. My mother was always available and supportive, just as any perfect mother would be. I also appreciate my older brother, Roy Caruthers, Jr. (the smart one in the family), who let me know that he was really proud of his little sister.

Finally, I would never have attempted, let alone finish the doctoral program had it not been for the encouragement and enthusiasm of my husband, Herb. He, above all others, knows how difficult and challenging the past five years have been. His unwavering support made all the difference, and any success I have achieved is due in large part to his quiet assurance that all the hard work would be worthwhile. Thank you for helping me to realize my dream.

TABLE OF CONTENTS

Chapter Page

Chapter Page

LIST OF TABLES

Table Page

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Baxter (1985) asserts that the dissolution of a relationship ranks as one of the most significant features in our lives. She also points out that despite the significance of relationship disengagement, it has received limited attention from researchers. While Baxter was referring to the dissolution of personal relationships, it is conceivable that the dissolution of an established buyer-seller relationship would also become a significant event for marketers to understand. Traditionally, marketers have been concerned with one perspective of buyer-seller dissolutions -- those instances in which buyers voluntarily choose to switch sellers. In some cases, however, the seller must terminate an established relationship with a buyer. For instance, a physician may reach retirement age and must close his/her practice, thus ending many existing doctor-patient relationships that have been established. The dissolution of a buyer-seller relationship by the seller may have a serious impact on the buyer in that his/her sense of well being and quality of life may suffer (Ziethaml and Bitner 1996). To date, there has been no research in the marketing literature devoted to investigating the consequences of a seller-initiated dissolution of an established buyer-seller relationship.

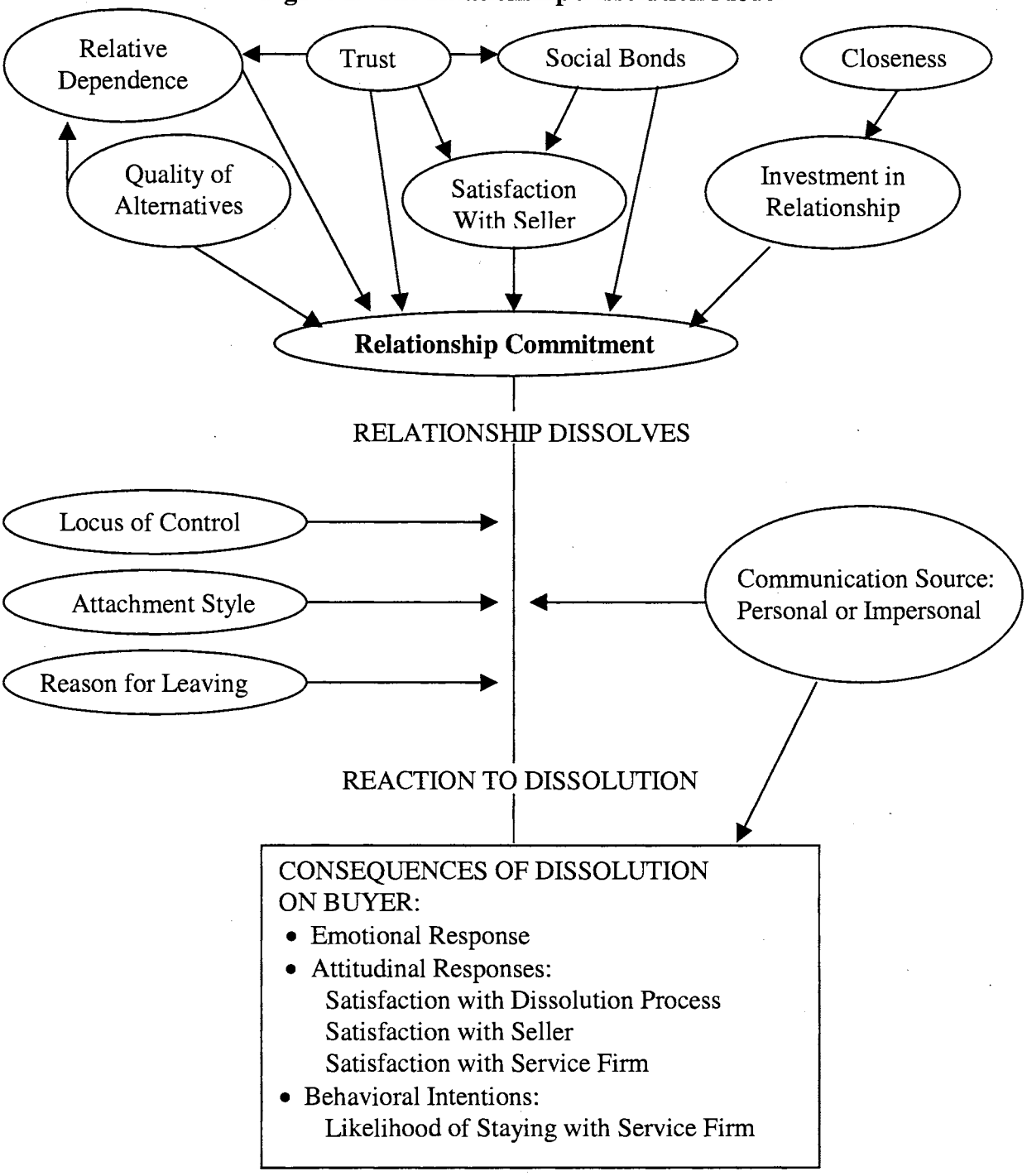
Dwyer, Schurr, and Oh (1987), the first marketers to introduce the issue of dissolution of buyer-seller relationships, acknowledged that the process of dissolution is

especially critical after parties have entered the commitment stage of relationship development. Dwyer et al. (1987, p. 23) also conclude that, despite the importance of the dissolution of buyer-seller relationships, "there has been no systematic study of the uncoupling of parties from highly evolved relationships." More recently, Ping (1993) recognized that marketing's focus has rightly been on formation and maintenance of relationships, and consequently the dissolution of relationships has received little theoretical or empirical attention. This dissertation will attempt to fill this gap in the marketing literature.

Goals of Dissertation

The goals of this dissertation are to develop and test a conceptual model of relationship dissolution. Using an investment model framework, social psychology literature concerning the dissolution of relationships, and marketing literature focusing on relationship commitment, the Relationship Dissolution Model was developed. The top portion of the model depicts antecedents (satisfaction with the seller, quality of alternative sellers, and amount of investment in the relationship) to commitment to a buyer-seller relationship. The model suggests that the more commitment buyers feel toward the relationship, the more likely they will experience higher levels of distress upon the dissolution of the relationship. The evaluation of the dissolution by the buyer may be moderated by factors internal to the individual (personality factors or the perception of the cause of the dissolution) and factors external to the buyer (communication factors concerning the announcement of the dissolution). Please refer to the following Figure 1, The Relationship Dissolution Model.

Figure 1. The Relationship Dissolution Model



While the Relationship Dissolution Model will be tested in the context of the dissolution of two dissimilar buyer-seller relationships (client/hair stylist and patient/doctor), the focus of this dissertation will center on the relationship between a doctor, or primary care physician, and patient.

Traditionally, health care providers have been concerned with one perspective of doctor-patient dissolutions -- those instances in which patients voluntarily choose to leave the physician. Focus on patient switching behavior is understandable since the loss of patients directly impacts the profitability of the doctor's practice. The situation in which a physician voluntarily dissolves a doctor-patient relationship (i.e., the practice is closed due to managed care restrictions, retirement or relocation) has not received attention. The termination of a doctor-patient relationship by the physician is a significant source of psychological, emotional, and physical stress (Bloom, Asher, and White 1978). If physicians understood the factors, which lead to increased levels of distress following the dissolution of a doctor-patient relationship, perhaps steps could be taken to lessen the negative impact of the break-up. This research will help physicians understand the consequences the closure of his/her practice may have on patients.

Furthermore, patients may also be forced to terminate a close doctor-patient relationship due to managed care restrictions. It would be especially important for physicians employed by Health Maintenance Organizations (HMOs) or Preferred Provider Organizations (PPOs) to understand the emotions new patients may experience when they have been forced to terminate an established doctor-patient relationship in order to comply with restrictions of their company-sponsored medical insurance plan.

In the context of any buyer-seller relationship, whether the dissolution is due to the seller dissolving the relationship or whether the buyer has been forced to switch sellers due to external factors, the new seller must be understanding and empathetic to the buyer's emotions that result from the dissolution of their prior buyer-seller relationship.

In addition to being a source of distress, the dissolution of a buyer-seller relationship could also impact the level of satisfaction the buyer has with the service firm to which the seller is affiliated. While the news of the dissolution itself may be a considerable source of anxiety, the manner in which the news is communicated may add to or lessen that distress. It is possible the dissolution process (how the news is communicated) may impact not only the buyers' satisfaction with their seller, but also feelings about the service firm the seller represents. If the dissolution process is mishandled, negative consequences may also include the level of satisfaction the buyer has for the service firm and ultimately the likelihood of the buyer establishing a new relationship within the same service firm. In other words, a buyer's sense of loyalty may be placed with an individual seller, not a service firm. However, the departing seller may be able to influence the buyers' transition to a new seller within the same firm by using effective, personal communications when announcing the dissolution of the buyer-seller relationship.

Research Questions

The following research questions concerning the consequences of the dissolution of a buyer-seller relationship will be addressed:

1. What is the impact of the following three factors on buyers' reactions after a buyer-seller relationship has been dissolved by the seller:
    a. the level of commitment the buyer feels toward the relationship,
    b. the reason for the dissolution, and
    c. the communication source used to convey the news about the dissolution?
2. What is the impact of the following two individual difference variables on buyers' reactions after a buyer-seller relationship has been dissolved by the seller:
    a. the consumer's locus of control, and
    b. the consumer's tendency to form close attachments with others?
3. Do buyers' reactions to a dissolved buyer-seller relationship differ if they are highly committed to the relationship and:
    a. the communication source is personal versus impersonal,
    b. the reason for the dissolution is controllable versus uncontrollable?

Contributions

The development of a model of relationship dissolution has not been attempted in the marketing literature. This dissertation will not only develop a relationship dissolution model, but will also test this model as it relates to the dissolution of a specific buyer-seller relationship, that between a doctor and patient. To gain a sense of generalizability, the model will also be tested in the context of the dissolution of a hair stylist-client relationship.

While commitment is the most common dependent variable used in buyer-seller relationship studies (Wilson 1995), there has been no agreement as to the proper

measurement scale to use for this multidimensional construct. Berscheid (1982) suggests that it is difficult to obtain a true measure of commitment in a relationship until that relationship is terminated. This dissertation will offer a new conceptual representation of the relationship commitment construct.

Although consumers may routinely switch service providers, the situation in which a seller dissolves a buyer-seller relationship has not received attention. This research will help service providers understand the consequences such decisions may have on consumers. If service providers understood the factors that lead to increased levels of distress following the dissolution of a buyer-seller relationship, perhaps steps could be taken to lessen the negative impact of the break-up.

Dissolution should not be seen as merely the ending of a relationship, but also as the beginning of a new relationship that must be formed as a result of the dissolution. The dissolution of a relationship may have an impact on the formation of a new relationship. An important marketing question is whether the sense of commitment that a buyer may feel toward his/her relationship with an individual seller is related to a sense of loyalty to the service firm to which the seller is affiliated.

Organization of Dissertation

Chapter II will present a literature review of relationship development, commitment, and dissolution as these constructs have been discussed in relationship marketing, management and social sciences literatures. A more detailed consideration of how these issues impact the doctor-patient relationship, the focus of this dissertation, will also be discussed.

Chapter III will describe a proposed Model of Relationship Dissolution as it may be applied in a buyer-seller relationship. Hypotheses and propositions based on the relationships between constructs are proposed.

Chapter IV describes the research process: the research design, methodology, analysis, and results are discussed.

Chapter V includes a discussion of the results and implications of the findings. Limitations and possible future research directions conclude this section.

CHAPTER II

LITERATURE REVIEW

As early as the 1970's, an alternative approach to marketing based on the establishment and management of relationships emerged within two streams of research from the Nordic School of Service and the IMP Group (Gronroos 1996). Common to these two schools of thought is that marketing management should be built on relationships rather than transactions. The phrase "relationship marketing" appeared in the services literature and was defined in 1983 as "attracting, maintaining and ... enhancing customer relationships" (Berry 1983, p. 25). Relationship marketing has been defined in various ways by many marketing scholars throughout the years (Berry and Parasuraman 1991). Morgan and Hunt (1994, p. 22) described relationship marketing as "all those market activities directed toward establishing, developing, and maintaining successful relational exchanges." Gronroos (1990, 22) offers the following comprehensive definition: "Relationship marketing is to identify and establish, maintain, and enhance relationships with customers and other stakeholders, at a profit, so that the objectives of all parties involved are met" and "that this is done by a mutual exchange and fulfillment of promises." Bitner (1995, p. 246) expands on the idea of the importance of fulfillment of promises by proposing that "keeping promises is the essence of a mutually beneficial service relationship."

Relationship marketing has emerged as an important approach by which marketers can achieve customer retention (Liljander and Strandvik 1995). Customer retention indicates customer loyalty or some kind of relationship between the buyer and seller. This relationship concept provides a different view of the exchange processes compared with the static view associated with a discrete exchange.

Of central importance in developing relationships is the level of commitment a partner feels toward that relationship. The level of commitment determines relationship strength and the intention of the parties to remain in the relationship. It follows, therefore, that the stronger the level of commitment to a marketing relationship, the less likely either partner in the relationship will voluntarily dissolve that relationship. Johnson (1982) proposed that the major source of difference in the impact of relationship dissolution is the depth of one's commitment to the relationship. Morgan and Hunt (1994) provide empirical support for a strong negative correlation between relationship commitment and likelihood of relationship dissolution (propensity to leave).

Relationship Development

Different types of relationships involve different levels of intimacy of exchange or social penetration, however they all develop through time in a systematic, predictable manner (Altman and Taylor 1973). Social penetration theory explains how relationships develop over time and predicts that partners in a relationship will continue to deepen that relationship as long as anticipated benefits exceed anticipated costs (Altman and Taylor 1973). There are a series of stages of the social penetration process that map classes of behavioral events occurring in interpersonal relationships: (1) orientation, (2) exploratory affective exchange, (3) affective exchange, and (4) stable exchange.

From a social exchange perspective, interdependence theory predicts that the degree to which an individual is dependent upon a relationship and, hence, the stability of that relationship is determined by the ratio of outcomes (overall costs and rewards) derived from an ongoing relationship relative to those available in alternatives (Thibaut and Kelley 1959; Kelley and Thibaut 1978). Based on extensions of interdependence theory, Rusbult (1983) proposed an investment model which posited that the tendency to remain in and to feel psychologically attached to a relationship is a function of the level of satisfaction, the quality of alternative partners, and the level of investment.

Hays (1985) offers another view of relationship development and found evidence to suggest that benefits plus costs predicted further relationship development. From Hays' perspective, the more each partner feels responsible for the other, the more benefits each receives as the other meets his or her needs and the more costs each incurs in meeting the other's needs.

Whether continued relationship development results from an appraisal of benefits plus costs (Hays 1985) or benefits minus costs (Altman and Taylor 1973; Thibaut and Kelley 1959), some situations may accelerate the development process, while others may inhibit further development. For the development of exchange relationships, each party must possess some expectation of the other partner's intentions and performance (Gundlach and Murphy 1993). This expectation of future exchanges, which provides both predictability and security, is critical for the continued development of the relationship.

In the management literature, interorganizational relationships (IORs) have been described as the relatively enduring transactions that occur among or between an

organization and one or more organizations in its environment (Oliver 1990). There are six types of IORs: trade associations, agency federations, joint ventures, social service joint programs, corporate-financial interlocks, and agency-sponsor linkages. Generalizable determinants of IORs across organizations, settings, and linkages include necessity, asymmetry, reciprocity, efficiency, stability, and legitimacy. These contingencies are the causes that prompt organizations to enter into relationships with one another. Ring and Van de Ven (1994) described the following three development processes of IORs: (1) negotiations stage, (2) commitment stage, and (3) execution stage. In the final cycle of the process, the parties may conclude that the relationship should be terminated because the parties have lived up to their promises and their business is completed.

In a marketing context, Dwyer et al. (1987) developed a framework for understanding the development process of buyer-seller relationships. According to their model, relationships evolve through the following five general phases:

(1) Awareness: the recognition by one party that another party is a feasible exchange partner.

(2) Exploration: potential exchange partners consider obligations, costs and benefits, and the possibility of exchange. Subprocesses during these phases include: (a) attraction; (b) communication and bargaining; (c) development and exercise of power; (d) norm development; and (e) expectation development.

(3) Expansion: the continual increase in benefits and interdependence by both partners.

(4) Commitment: an implicit or explicit pledge of relational continuity. Three measurable criteria of commitment include: (a) inputs (economic, communication, and/or emotional); (b) durability (some association over time); and (c) consistency (predictability in input levels).

(5) Dissolution: withdrawal or disengagement from the relationship.

The object of this research is to investigate the structure of the final phase of relationship development -- dissolution.

Doctor-Patient Relationships

> *The significance of the intimate personal relationship between physician and patient cannot be too strongly emphasized, for in an extraordinarily large number of cases both diagnosis and treatment are directly dependent on it, and the failure of the young physician to establish this relationship accounts for much of his ineffectiveness in the care of patients.* (Peabody 1927, p. 877)

A close, friendly relationship between physician and patient can improve the quality of care a patient receives. Blum (1960) suggested that an effective doctor-patient relationship has an important influence on the proper diagnosis and treatment of illness. Without a close doctor-patient relationship, it is difficult for a physician to discover possible underlying emotional and psychological roots of a patient's medical condition (Christie and Hoffmaster 1986). Knowing the character and personal life of a patient is important for both the management of functional problems and the treatment of organic diseases and is best achieved through a friendly, personal doctor-patient relationship, which in itself has considerable therapeutic potential. "Sociomedical ... research has just

begun to scratch the perverbial surface" of the doctor-patient relationship (Turner and Pol 1995, p. 46).

Most patients express the desire for a continuing personal relationship with their doctor -- they want to have one doctor whom they call their own (Blum 1960). The fundamental characteristic of the doctor-patient relationship is the need of the patient to be able to place himself under the care of the physician with trust and confidence. Within a relational exchange as exemplified in a doctor-patient relationship, emphasis is placed on purposeful cooperation (Gunlach and Murphy 1993). Continuity of care within the therapeutic relationship allows for the building of new information on an old foundation and increases the implicit emotional support in the relationship (Bowden and Burstein 1979). Harmonious, trusting relationships require time to develop, and continuous care provided over an extended period makes that time available. Sharing meaningful and challenging experiences, such as pregnancy and childbirth, the raising of children, and acute, chronic, and terminal illnesses, contributes to the strength of the relationship (McWhinney 1982).

Even after the proliferation of specialists in the late 1950's, consumers felt a strong need for a single physician who would be like their old family doctor and would care for them for most of their medical needs. Consumers sought a physician "who would, most of all, **know** them and be **known** by them, and because of that broad, lasting relationship, would care about them as he or she would give them care ..." (Racer, 1980).

Models of Doctor-Patient Relationships

According to Wilson (1963), an important danger which the analyst of doctor-patient relationships must avoid is the temptation to adopt a narrow notion of "role,"

conceiving of role only as the set of deliberate activities embraced by the doctor or patient singly. The physician's role is partly defined by what patients expect, and the patient's role is partly defined by what physicians expect.

Emanuel and Emanuel Model: According to Emanuel and Emanuel (1992), the doctor-patient relationship needs to be redefined to allow both the physician and patient to take an active role in treatment decisions. They proposed four models for the doctor-patient relationship:

Paternalistic: physician has a parental role and decides which treatment would be best.

Informational: physician tells patients of treatment options and relevant medical information, but patients select their own treatment.

Interpretative: physician helps patients explore their values, and select the treatment that best fits these values.

Deliberative: physician helps patients explore health-related values, and choose their treatment based on those values.

A shift towards the informative model has occurred; patients are more involved in choosing their treatment. These models have weaknesses, but the deliberative model may be the best for the doctor-patient relationship since it allows the physician to guide patients in a caring manner, but does not limit patient independence.

Szasz and Hollender Model: Szasz and Hollender (1956) described three basic models illustrating different types of the doctor-patient relationships:

Active-Passive: The physician uses all of the authority inherent in his/her role, and the patient does not actively participate in the treatment.

Psychologically, it is not an interaction, because it is based on the effect of one person on another in such a way that the person acted upon does not contribute actively. The doctor is active; the patient is passive. Historically, this is the oldest conceptual model. Clinical applications of this model include the treatment of patients under anesthesia or during emergencies when a patient is severely injured, delirious, or in a coma (Christie and Hoffmaster 1986).

Guidance-Cooperation: This type of interaction is essentially what most people have in mind when they speak of the doctor-patient relationship (West 1989). In this situation, while the patient is ill, he/she is conscious and has personal goals that need to be fulfilled. Since the patient suffers from pain, anxiety, or other distressing symptoms and he/she takes the initiative of coming to a physician, it is assumed that the patient is willing to cooperate with the physician and accepts the physician's position of power (Christie and Hoffmaster 1986). This relationship is generally most appropriate for a number of acute diseases.

Mutual Participation: The patient is expected to be actively responsible for his/her treatment. The physician works in a collaborative way with the patient and must use persuasion, not authority, to obtain the goals both patient and doctor desire. It is crucial to this type of relationship that the participants (1) have approximately equal power, (2) be mutually interdependent, and (3) engage in activity that will be satisfying to both. This model is preferred by patients who want to assume responsibility for

their own care (Christie and Hoffmaster 1986). The physician may be said to help the patient to help himself. This type of relationship is especially important in the management of chronic disorders.

These three models are primarily descriptive in that they depict the different relationships that actually occur between doctors and patients (Christie and Hoffmaster 1986). Szasz and Hollender (1956) use the models normatively when they make claims about their appropriateness (that is, active-passive for emergencies, guidance-cooperation for acute disease management, and mutual participation for chronic disorder management). The status and condition of the patient and the nature and seriousness of the patient's problem are particularly important in determining which model fits a particular circumstance (Christie and Hoffmaster 1986).

Veatch Model: Veatch (1972) proposed four models of the doctor-patient relationship which are normative in nature in that they are concerned where the locus of decision-making ought to be in the relationship.

Engineering: a physician is viewed as an engineer hired by the patient, and the job of the physician is merely to present the facts to the patient and allow the patient to make decisions. Therefore, the patient is the sole decision-maker and the physician is a technician whose role is only to give advice (Deber 1994).

Priestly: a physician is seen as an a priest who has the authority to make moral decisions on behalf of patients. This model takes the decision-making responsibility away from the patient and puts it in the hands of the physician. This paternalistic approach, still common in many cultures,

assumes that patients and physicians have the same goals, that physicians can judge patient preferences, and that only the physician has the expertise necessary to determine what should be done (Deber 1994).

Collegial: the physician and patient are regarded as colleagues pursuing the common goal of eliminating illness and preserving the health of the patient. This model gives more recognition to the imbalance of knowledge and views patients and physicians as full and equal partners (Deber 1994).

Contractual: obligations are imposed on both the patient and physician, and both parties derive benefits; the symbolic contract is based on mutual trust and confidence. Veatch argues that the contractual model should be adopted by physicians and patients because only in the contractual model can there be a true sharing of authority and responsibility. In a contractual relationship the physician recognizes that the patient must maintain freedom of control over his/her own life and destiny when significant choices are to be made.

It is wrong to assume that one model of decision making fits every patient, every physician, and every doctor-patient encounter (Christie and Hoffmaster 1986). Variables which may be relevant in determining the kind of relationship that should exist between physician and patient include (a) the reason the patient consults a physician; (b) the patient's condition; (c) the type and severity of the patient's illness; (d) the patient's desires; and (e) the degree of certainty attached to a decision (Christie and Hoffmaster 1986).

Relationship Commitment

Relationship commitment is a key characteristic associated with successful marketing relationships (Morgan and Hunt 1994). They described commitment as occurring when an exchange partner believes that an ongoing relationship with another is so important as to warrant maximum efforts at maintaining it. Morgan and Hunt (1994, p. 23) also theorize that commitment "is central to all the relational exchanges between the firm and its various partners." Similarly, Berry and Parasuraman (1991, p. 139), suggest that "relationships are built on the foundation of mutual commitment." Commitment level has been found to be the strongest predictor of voluntary decisions to remain in a relationship (Rusbult 1983). Berscheid (1982) suggests that it is difficult to obtain a true measure of commitment in a relationship until that relationship is terminated. This study will offer a new conceptual representation of the relationship commitment construct as seen from the perspective of the relationship dissolution.

According to Fehr (1988), the "search for [a definition] ... of commitment carried out in psychology and other related disciplines has been marked with conflict, confusion, and disagreement" (p. 557). Nevertheless, commitment has been predominantly viewed as an intention to continue a course of action or activity such as maintaining a relationship with a partner. While commitment is the most common dependent variable used in buyer-seller relationship studies (Wilson 1995), there has been no agreement as to the proper measurement scale to use for this multidimensional construct. Commitment has been described in many ways in the marketing literature. Moorman, Zaltman and Despande (1992) described relationship commitment as an enduring desire to maintain a valued relationship. Anderson and Weitz (1992, p. 19) summarize the definition of

commitment to a relationship as "a desire to develop a stable relationship, a willingness to make short-term sacrifices to maintain the relationship, and a confidence in the stability of the relationship." This perspective is consistent with Dwyer et al.'s (1987, p. 19) definition of commitment in a buyer-seller relationship as the existence of "an implicit or explicit pledge of relational continuity between exchange partners." Likewise, in channels research, commitment has been operationalized as a channel members' intention to continue the relationship (Anderson and Weitz 1989; Scheer and Stern 1992). Channel commitment also implies a behavioral component that reflects an allegiance to a channel relationship (Ulrich 1989).

Johnson (1982) acknowledges two distinctive meanings of "commitment" that relate to the reasons why people stay in relationships -- because they want to or because they have to. The meaning of "personal" commitment carries with it a "sense of determination to continue in the face of adversity or temptations to deviate" (Johnson 1982, p. 53). "Structural" commitment refers to "external constraints which come into play ... and make it difficult to discontinue should one's sense of personal commitment decline" (Johnson 1982, p. 53). According to Levinger (1965, p. 19), "Inducements to remain in any group include the attractiveness of the group itself and the strength of the restraints against leaving it; inducements to leave a group include the attractiveness of alternative relationships and the restraints against breaking up such existing relationships." It follows that relationship dissolution occurs when partners wish to leave or when the constraints upon them are reduced (Levinger 1965, 1976).

Components of Commitment

Continuity in a relationship is a common thread in different conceptualizations of relationship commitment. According to Johnson (1991), the theoretical framework that has had the widest impact on research and thinking regarding the maintenance and dissolution of relationships was first articulated by Levinger (1965). Levinger (1965) proposed the Social Exchange Model of Cohesiveness that grew out of Lewinian field theory (Lewin 1951) and Thibaut and Kelly's (1959) interdependence theory. According to Levinger's model, three major components of marital stability include:

(1) Attractions: forces that drive one toward a relationship.

(2) Barriers: forces that restrain one from discontinuing a relationship

(3) Alternative attractions: forces that draw one away from a relationship.

Levinger was principally interested in the continuity of marital partners, and emphasized the forces, both internal and external, that lead marriages either to end or to endure.

Rusbult's (1983) Investment Model of Commitment emerged from the Lewinian tradition (Lewin 1951), by way of interdependence theory (Thibaut and Kelley 1959). Interdependence theory proposes that dependence on a relationship is a function of: (a) satisfaction with that relationship and (b) comparison level for alternatives. Rusbult added that a third factor had an important influence on commitment: (c) investment size, or the net forces binding one to an ongoing relationship.

Johnson (1991) proposed that the decision to continue in a personal relationship is a function of three different experiences of commitment:

(1) Personal commitment: the feeling that one wants to continue the relationship. Personal commitment flows from three components: (a) attitude toward the relationship; (b) attitude toward the partner; and (c) relational identity.

(2) Moral commitment: the feeling that one ought to continue the relationship. Moral commitment involves a sense of self-constraint. Three major sources of moral commitment include (a) belief in the value of consistency; (b) values regarding the stability of particular types of relationships; and (c) a sense of obligation to the particular person with whom one is involved.

(3) Structural commitment: the feeling that one has to continue the relationship. Structural commitment derives from factors such as irretrievable investments, social reaction, difficulty of termination procedures, and the availability of acceptable alternatives.

These three components differ along two dimensions: (a) internality versus externality, with personal and moral commitment being experienced as having internal origins; and (b) choice versus constraint, moral and structural commitment involving the experience of constraint.

Meyer and Allen (1991) identified three distinct themes in the definition of organizational commitment:

(1) commitment as an affective attachment to the organization (affective);

(2) commitment as a perceived cost associated with leaving the organization (continuance); and

(3) commitment as an obligation to remain in the organization (normative).

Common to the three approaches is the view that commitment is a psychological state

that characterizes the employee's relationship with the organization and has implications for the decision to continue or discontinue membership in the organization (Meyer, Allen and Smith 1993).

Researchers observing interpersonal and organizational relationships have described the following three distinct motivations underlying the desire for continuity (Kumar, Hibbard and Stern 1994):

(1) Affective commitment toward the organization or partner. Buchanan (1974) describes commitment as a "partisan, affective attachment to the goals and values, and to the organization for its own sake, apart from its purely instrumental worth" (p. 533). In other words, committed employees stay with a firm because they like the organization.

(2) Calculative commitment: the instrumental reasoning in which channel members facing high switching costs are likely to engage. Commitments develop due to investments made in the relationship resulting in switching costs associated with leaving (Weiss and Anderson 1992).

(3) Moral commitment: the feeling of obligation to stay with an organization or partner. Weiner (1982, p. 421) defines organizational commitment as "the totality of normative pressures to act in a way which meets organizational goals and interests" and suggests that individuals exhibit these behaviors because "they believe it is the right and moral thing to do."

Dwyer et al. (1987) propose the following three measurable criteria of commitment in a buyer-seller relationship:

(1) Inputs: significant economic, communication, and/or emotional resources may be exchanged.

(2) Durability: there should be a common belief in the possibility of continued exchanges in the future.

(3) Consistency: when one party's input levels fluctuate, the other party will have difficulty predicting outcomes from the exchange.

Gundlach, Achrol and Mentzer (1995) suggest that there are three components of commitment in a marketing exchange:

(1) Instrumental: an affirmative action taken by one party that creates a self-interest stake in the relationship; more than a mere promise. Commitment is a calculative act. Inputs form exit barriers that make it costly to exit the relationship.

(2) Attitudinal: intention by the parties to develop and maintain a stable, long-term relationship. This type of commitment represents an affective attachment to the goals and values of the organization.

(3) Temporal: durability and consistency over time. Long-term or continuance commitment (Allen and Meyer 1990) is directly the result of commitment inputs.

Morgan and Hunt (1994) assert that relationship commitment and trust are key mediating variables of relationship marketing and tested their model with a rival model that did not allow relationship commitment and trust to function as mediating variables. They proposed the following constructs as antecedents to relationship commitment:

(1) Trust: a willingness to rely on an exchange partner in whom one has confidence (Moorman et al 1993).

(a) Shared values directly influence trust and commitment.

(b) Communication fosters trust.

(c) Opportunistic behavior leads to decreased trust.

(2) Relationship benefits: firms that receive superior benefits from their partnership -- relative to other options -- will be committed to the relationship.

(3) Termination Costs: expected losses from termination and result from the perceived lack of comparable potential alternative partners, dissolution expenses, and/or substantial switching costs.

Commitment, as it relates to distress following the dissolution of a relationship, is a multifaceted construct, which has also been discussed at length in the social psychology literature. For instance, Frazier and Cook (1993) suggested that four commitment-related factors (satisfaction, duration, closeness, and perceived alternatives) are related to levels of distress following a breakup of a heterosexual relationship.

Table 1 offers a summary of the various conceptualizations of relationship commitment that have been proposed in social psychology, management, and marketing literatures. Most models perceive commitment as being composed of three factors, the first two of which relate to the realization that people become committed to relationships because they want to (attractions) or have to (barriers). These two factors were proposed by Johnson (1982) when he distinguished between two distinctive meanings of commitment that related to the idea that people stay in relationship because they want to or because they have to. The third factor in many conceptualizations of commitment relates to the feeling that people stay in relationships either (1) because they ought to (normative or moral commitment) or (2) because of a lack of comparable alternatives.

Table 1

Summary of Commitment Models

	Attractions	**Barriers**	**Additional Barriers**
Levinger (1965) *Social Exchange Model of Cohesiveness*	Attractions	Barriers	Alternative attractions
Rusbult (1983) *Investment Model of Commitment*	Satisfaction with Relationship	Investment Size	Quality of Alternatives
Dwyer et al. (1987) *Components of Commitment*		Inputs Durability Consistency	
Johnson (1991) *Components of Commitment*	Personal Commitment	Structural Commitment	Moral Commitment
Meyer & Allen (1991) *Organizational Commitment*	Affective Attachment	Continuance	Normative
Frazier and Cook (1993) *Heterosexual Commitment*	Satisfaction	Closeness Duration	Alternatives
Kumar et al (1994) *Organizational Relationships*	Affective Commitment	Calculative Commitment	Moral Commitment
Morgan & Hunt (1994) *KMV Model*	Relationship Benefits Shared Values Trust (commun. & opp. behavior)	Termination Costs	
Gundlach et al (1995) *Commitment Components*	Attitudinal Commitment	Instrumental & Temporal Commitment	

Patient Commitment to Physician

Penchansky (1986) defined patient loyalty as commitment to a health care provider, and therefore the terms "patient loyalty" and "patient commitment" will be used interchangeably in this dissertation. In fact, Liljander and Strandvik (1995) contend that loyalty is always present if a relationship has been formed. Christensen and Giese (1988) discuss commitment in terms of satisfaction with a physician's practice, and in this way is distinguished from satisfaction with a specific medical encounter. Kingstrom (1983) described loyalty as a psychological attachment to a physician. This loyalty is an attitude that reflects the patient's psychological commitment to his/her doctor. Rather than passive, blind obedience, a patient with high physician loyalty is one who is more likely to promote and defend that physician's virtue, have a strong desire to remain his/her patient, and experience resistance to changing to another physician.

While undoubtedly influenced by satisfaction with the physician, commitment (patient loyalty) felt toward a physician is a conceptually distinguishable construct (Kingstrom 1983). Patient commitment is an attitude that forms relatively slowly, and is a much more stable attitude than that of satisfaction. Once a strong level of commitment is formed, a negative experience may be expected to reduce patient satisfaction, but would exert a lesser, short-term impact on feelings of commitment toward the physician (Kingstrom 1983).

Relationship Dissolution

Baxter (1985, p. 243) borrowed the following words from the Emily Dickenson's poem written in 1896 on the subject of Parting, "the dissolution of a relationship 'is all we need of hell.' ... Certainly, if the importance of a social phenomenon were gauged by

its degree of stress and its frequency, relationship dissolution ... would rank as one of the most significant features of social life." Despite these ramifications, there has been no systematic study of the effects of the dissolution process (Dwyer et al. 1987).

Duck (1982) described relationship dissolution as the permanent dismembership of an existing relationship. He suggested that relationship dissolution should not be seen as an event, but as an extended process with many facets including affective, behavioral, cognitive, and social. Altman and Taylor (1973) conceptualized relationship break-up to be simply the relationship growth process in reverse. Duck (1982, p. 1) agreed that relationship formation and dissolution are related but disagreed with Altman and Taylor's (1973) hypothesis stating, "A reversal analogy is logically suspect as well as empirically unsupported." Baxter and Philpott (1982) later disproved the reversal hypothesis.

It is important to note that relationship dissolution is not necessarily orderly or predictable; most often it is uncontrolled and uncertain (Duck 1983). People do not always, in reality, have the freedom of choice that they appear to have in theory. Duck (1983) also cautions that we should not assume that all relationship dissolutions are necessarily undesired or bad. Not all relationships "matter"; a deep sense of commitment may not have been formed between the parties, and therefore the dissolution of such a temporary, superficial, or relatively new relationship could be inconsequential.

Duck (1983) described four latent models of dissolution:

(1) Pre-existing Doom: Partners lacking attraction characteristics, or failing to demonstrate them, will be likely to dissolve relationships or will fail to engage.

(2) Mechanical Failure: Poor conduct by one or both parties in the relationship.

(3) Process Loss: Some partners fail to develop a relationship to its theoretically

optimal level and so become dissatisfied with it to the extent that they may wish to terminate the relationship.

(4) Sudden Death: New, surprising, and significant negatively charged information about a partner can hasten the relationship's death.

Drigotas and Rusbult (1992) have proposed a dependence model of dissolution that was derived from social exchange theories. In their model, dependence on a relationship is assumed to be high when desirable outcomes in the current relationship are perceived to be unavailable elsewhere. A hazard analysis that tested their model revealed that the rate at which relationships dissolved was a function of comparison level for alternatives, amount of time spent together, racial dissimilarity, support from the partner's social network, and duration of the relationship (Felmlee, Sprecher and Bassin 1990).

White and Booth (1991) examined the association between marital happiness and marital stability in a national panel of married individuals. They found that associated with dissolution are both (1) relationship satisfaction and (2) the extent to which there are few alternatives to and many barriers against dissolving the present relationship. White and Booth (1991, p. 19) conclude that "the rise in the divorce rate has occurred not because marriages are less happy, but because, in the presence of falling barriers and rising alternatives, the threshold of marital happiness necessary to prompt divorce is lower than it used to be."

Dwyer et al. (1987), the first marketers to address the issue of dissolution of buyer-seller relationships, argued that dissolution is especially critical after parties have become committed to the relationship. Buyer-seller benefits (i.e. reduced uncertainty, dependence, social satisfactions, etc.) which have been achieved at this stage are what

makes the dissolution of the relationship difficult. However, recently some marketers have concluded that dissolution should not be conceptualized as a process separate from relationship development. Wilson (1995) excluded dissolution from his five stages (partner selection, defining purpose, setting boundaries, creating value, and maintenance) of the relationship process. Similarly, Anderson (1995) conceptualizes dissolution as merely the ultimate conclusion of the relationship maintenance stage.

In the management literature, Ring and Van de Ven (1994) suggest that in the final cycle of the development process of cooperative interorganizational relationships (IORs), the parties may conclude that the relationship should be terminated. They posit that cooperative IORs may terminate either for exogenous reasons (a natural disaster, death or sickness of a party) or for reasons endogenous to the organizational parties (a disagreement).

Types of Dissolutions in Buyer-Seller Relationships

There are three basic types of situations, depending upon the source of the termination decision, in which buyer-seller relationships dissolve.

Buyer's Decision: Some consumers may voluntarily choose to terminate a relationship because they become dissatisfied or satiated, they switch to a superior alternative seller, or they experience reactance to high exit barriers (Sheth and Parvatiyar 1995). Buyers may involuntarily terminate a relationship due to pressure from sources external to the relationship as in the case when consumers must switch doctors because their employer changes the company's health care coverage to an HMO (Winslow 1996). In addition, buyers may also involuntarily dissolve existing buyer-seller relationships when they relocate to a different community.

Seller's Decision: Sellers may terminate a relationship due to an unresolvable conflict or other dissatisfaction with the consumer. The relationship may also be dissolved because the customer is no longer profitable to the seller. In addition, the seller may be forced to terminate business operations due to retirement, relocation, illness or death. In the case of an organization, relationships may terminate due to a change in ownership, a natural disaster, or loss of business due to financial distress. Keaveney (1995) found that six percent of respondents replying to her survey concerning switching behavior in service industries described incidents involving "involuntary switching." Involuntary switching includes factors beyond the control of the customer (e.g., service provider had moved, customer had moved, third-party payer had changed alliances).

Mutual Decision: Relationships may dissolve as the result of a mutual decision on the part of the buyer and seller. Perhaps the goals of the relationship have been met and the relationship is no longer necessary.

Traditionally, marketers interested in consumer satisfaction have been concerned with one perspective of buyer-seller dissolutions -- those instances in which consumers voluntarily choose to leave the seller (Keaveney 1995). Focus on consumer switching behavior is understandable since the loss of customers directly impacts the profitability of the firm. The costs to the firm due to the dissolution of a customer relationship are significant and may include such factors as decreased income, higher costs involved in attracting new customers, loss of free advertising through word of mouth, and decreased employee retention (Zeithaml and Bitner 1996).

Dissolution of a Doctor-Patient Relationship

Health care providers have also been concerned with only one perspective of physician-patient dissolutions -- those instances in which patients voluntarily choose to leave the physician. Research shows that situations in which patients choose to dissolve their doctor-patient relationship are not uncommon. In fact, fifty percent of patients have at one time or another quit their doctor because they were dissatisfied (Koos 1954). Focus on patient switching behavior is understandable since the loss of patients directly impacts the profitability of the physician's practice. The situation in which a physician voluntarily dissolves a physician-patient relationship (i.e., the practice is closed due to retirement or relocation) has not received attention. However, termination of relationships is a significant source of psychological, emotional, and physical stress (Bloom et al. 1978). As a result, dissolution of a physician-patient relationship should be investigated.

The dissolution of a doctor-patient relationship may have a serious impact on patients in that their sense of well being and quality of life may suffer (Ziethaml and Bitner 1996). The consequences that may result from the dissolution of a doctor-patient relationship can include both psychological and physiological distress. Most people would prefer not to change health care providers, particularly if they have developed a strong commitment toward their relationship to their doctor. Bitner (1995) explored benefits customers in long-term relationships receive beyond economic, quality and value factors. Applied to a long doctor-patient relationship, patients can experience reduced stress as they learn what to expect during an encounter with their physician.

Patients who are committed to their relationship with their doctor would prefer not to change, particularly when there has been a considerable investment in the relationship. If the doctor knows the patient, knows his/her preferences, and can tailor the services to suit the needs of the patient over time, then to change doctors would mean educating a new doctor on all of these factors. Staying with the same doctor also serves to simplify the patient's life. The continuation of a satisfying doctor-patient relationship frees up time for other concerns. In some long-term doctor-patient relationships, the physician may actually become part of the consumer's social support system (Adelman, Ahuvia, and Goodwin 1994). In such situations, patients may develop relationships with their physicians that resemble personal friendships, affecting the patient's quality of life. In summary, costs to patients of changing physicians may be high in terms of financial, physical, psychological, social, and time-related costs.

No involuntary dissolution of a buyer-seller relationship on the part of a seller could be found in the literature. Anecdotally, we know that one of the stressful aspects of relocating to a new geographic location is the need for the customer to establish new relationships with unfamiliar service providers such as banks, schools, and doctors (Bitner 1995). The same kind of stress would be expected if a long-time service provider closed his/her business thus forcing the customer to seek a new relationship. In fact, anecdotal evidence suggests that the closure of a doctor's practice can indeed become a source of considerable distress on the part the patient. Berczeller (1994) relates the following personal account of an "unhappy" patient's reaction to a doctor's retirement:

> *Lisl Hilfling, a long-time patient in her late eighties, ... Except for mild arthritis, she is remarkably healthy and has no evidence of senility. I fully*

expect her to live to the age of one hundred, barring some unforeseen accident. Whenever Lisl visited my office over the years, she never failed to complain bitterly about my lack of interest in her well-being, my total lack of success in dealing with her joint pains, and the generally poor way in which my office was run. ... The obvious question, which I frequently asked her, was why, given the extent of her discontent, she continued to be my patient. The reply was always vague...

Lisl called me as an soon as she received my announcement [regarding my retirement]. She was evidently crying and told me how irreplaceable I would be and how very much she would miss me in the future. I was amazed. I could not reconcile her sorrow with her previous behavior, and I told her so. She answered, evidently surprised by my lack of insight: 'That was then. But now it's serious!' (p. 7)

Adjustment to New Physician

A doctor's retirement brings with it the uncomfortable realization that a new and unfamiliar physician must be found. The following excerpts from White (1993)'s essay concerning the feelings of a patient during the last visit to a trusted family physician provide anecdotal evidence of distress felt by a patient when her doctor retires:

There is something quite comforting about being given a complete physical examination by a beloved old family doctor, now nearly blind. I sit up on the table in the little tissue-paper gown, and Dr. Fielding asks about my different body parts as if they were old friends of his. We go

into his office for the last part of the visit, the part where I sit in the chrome-handled chair beside his desk and ... tell Dr. Fielding what's on my mind. ... When I was a little girl, my feet didn't touch the floor in this chair. ...

But this time I have a real problem to discuss with Dr. Fielding. Failing eyesight is forcing him to retire. This will be his last week in his office. ... 'Who will be my doctor now?' I ask him. Dr. Fielding takes out a list of all the new physicians in town and checks off several names. ... one, I happen to know, is comfortingly middle-aged, but moved here from New York and has a ponytail and a red Porsche. ...

In the end, Dr. Fielding puts my records in my hands, a bundle of yellowed cards and folded sheets of paper held together with a rubber band. He gives me a pat and a shove. 'You'll be fine,' he says. But when I get out to the waiting room my legs won't walk any farther. ... I feel a twinge of pain. ...

I begin to understand. My whole body, having been treated by me all these years with nothing but suspicion and abuse, now wants to abandon me and stay here with its old friend Dr. Fielding. ... [I] stand on the porch of Dr. Fielding's office for the last time. A red Porsche glides down the street. It is a convertible. The top is down. The New York doctor's ponytail blows in the breeze. He gives me a confident smirk of a grin. He

waves. For a second I just stand there. Nothing happens. 'Wave!' I command my arm. And reluctantly, but obediently, my arm rises, my hand dips once, down and up. I greet my new doctor.

It is especially important for patients to form a new relationship with another physician as soon as possible so that there will be no loss of continuity of care (Berczeller 1994).

CHAPTER III

A MODEL OF RELATIONSHIP DISSOLUTION

Introduction

The Model of Relationship Dissolution consists of the following three sections: (a) antecedents to relationship commitment; (b) consequences of the dissolution of a buyer-seller relationship; and (c) dissolution process factors. This chapter will be organized according to these sections. Propositions will be suggested concerning the relationships between the antecedents to relationship commitment. While these propositions will not be tested in the current research, they will be explored in future research. The second section will describe the dependent variables that are the focus of the research. Finally, dissolution process factors provide theoretical justifications for the independent variables used in this dissertation. Hypotheses will be developed in the third and fourth sections of this chapter.

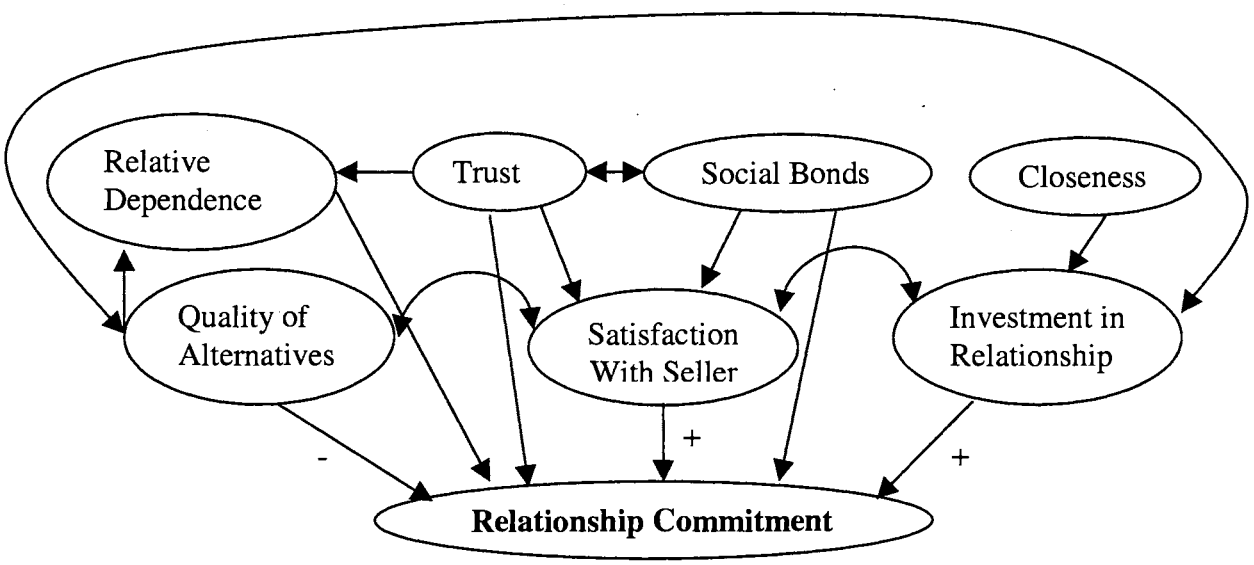
Antecedents to Relationship Commitment

From a social exchange perspective, interdependence theory predicts that the degree to which an individual is dependent upon a relationship is determined by the ratio of outcomes (overall costs and rewards) derived from an ongoing relationship relative to

those available in alternatives (Thibaut and Kelley 1959; Kelley and Thibaut 1978). Based on extensions of interdependence theory, Rusbult (1983) proposed an investment model which posited that the tendency to remain in and to feel psychologically attached to a relationship (commitment) is a function of three key elements with interdependent relationships: (1) satisfaction level, (2) quality of alternatives, and (3) investment size. The generalizability of the investment model framework has been demonstrated in both heterosexual and homosexual involvements, in dating and marriage relationships (Duffy and Rusbult 1986; Rusbult 1983) and finally in job commitment and turnover applications (Farrell and Rusbult 1981; Rusbult and Farrell 1983).

Using Rusbult's investment model framework, social psychology literature concerning the dissolution of relationships, and marketing literature focusing on relationship commitment, the top portion of the Relationship Dissolution Model (Figure 2) was developed.

Figure 2. Antecedents to Relationship Commitment



The model employs the same key antecedents to relationship commitment seen in Rusbult's investment model – satisfaction with the relationship partner (seller), quality of alternative partners (sellers), and investment in the relationship. The conceptualization of each of these three factors has been expanded to relate to the context of a buyer-seller relationship. Since the three key antecedents have compensatory characteristics, satisfaction with the seller or service provider does not necessarily reflect the service customer's future loyalty (Mittal and Lassar 1995). A consumer may be dissatisfied with a service provider, but still remain in that relationship because there is no choice (i.e., either there are no viable alternatives or the amount of investment into the relationship is too great). According to Rosenblatt (1977), a high level of commitment to a relationship leads people to tolerate or maintain undesirable things in a relationship. An example in a buyer-seller relationship context would be a customer who has been a client of the same hair stylist for several years may be tempted to try a new stylist, but will stay in the existing relationship because there are few better alternatives available.

The Antecedents to Relationship Commitment portion of the Relationship Dissolution Model summarizes the net influence of three key constructs of interdependent relationships: (1) satisfaction with the seller, (2) quality of alternative sellers, and (3) investment in the relationship. As conceptualized by Rusbult (1983), the following formula illustrates the relationship between these key constructs.

Commitment = (Satisfaction - Alternatives) + Investment Size

Commitment is stronger when satisfaction level is high, when the quality of alternatives is perceived to be poor, and when the investment size is large (i.e., when many important resources are linked to a relationship and would be lost on termination) (Rusbult,

Yovetch, and Verette 1996). On the other hand, commitment can also be strong when there are large investments and poor alternatives that manage to trap an individual in an unhappy relationship.

As was seen in Table 1, antecedents of the commitment construct build on three previous models of commitment (Levinger 1965; Rusbult 1983; Frazier and Cook 1993) and duplicates two of the three factors in four other models of commitment (Johnson 1991; Meyer and Allen 1991; Kumar et al. 1994; Gundlach et al. 1995). Specifically, the antecedents to relationship are described below.

Satisfaction with Seller: Satisfaction with the partner in a relationship (or seller in a buyer-seller relationship) has been defined as the "customers' cognitive and affective evaluation based on the personal experience across all service episodes within the relationship" (Liljander and Strandvik 1995, p. 144). In other words, one dissatisfactory service encounter should not result in customer switching behavior or extreme dissatisfaction if the previous experiences with the service provider have been relatively satisfactory.

With medical services, the evaluation of personal characteristics of the physician and the interpersonal relationship between the patient and physician becomes the most salient dimension in assessing overall satisfaction (Miller 1985). From a patient's perspective, many health care services <u>are</u> the people that actually perform the service. Researchers have found that higher levels of satisfaction lead to higher levels of commitment (Kelley and Davis 1994; Gladstein 1984).

P1: The level of satisfaction a buyer feels toward the seller will have a positive impact on the level of commitment felt toward the buyer-seller.

Trust is a fundamental relationship model building block and is included in most relationship models (Wilson 1995). Trust has been defined as a willingness to rely on an exchange partner in whom one has confidence (Moorman et al. 1992), the belief that a partner's word or promise is reliable and a party will fulfill his/her obligations in the relationship (Schurr and Ozanne 1985), and the belief that a partner will perform actions that will result in positive outcomes, as well as not take unexpected actions that would result in negative outcomes (Anderson and Narus 1986). Moorman et al (1992) view trust to be a determinant of relationship quality.

Moreover, trust has been conceptualized to be both a precondition for increased commitment (Miettila and Moler 1990; Moorman et al 1992) and a major determinant of relationship commitment (Achrol 1991; Morgan and Hunt 1994). Smith and Barclay (1997) also suggest that the greater the level of perceived trustworthiness, the greater the satisfaction in relationships. Finally, Anderson and Narus (1990) found evidence of a positive relationship between trust and satisfaction in the context of working partnerships from the manufacturer firm perspective.

In addition to the positive relationship between trust and satisfaction with in a buyer-seller relationship, it seems logical that the more trust a buyer feels toward a seller, the more dependent the buyer may become toward the seller. For instance, it is reasonable to assume that the more trust a patient feels toward his/her physician, the higher the level of dependence he/she will feel toward that physician. Therefore, the Relationship Dissolution Model proposes that trust not only directly influences commitment, but the relationship between trust and commitment may also be mediated by

satisfaction with the seller and relative dependence. These relationships are the basis of the following propositions:

P2a: The level of trust a buyer feels toward the seller will have a positive impact on the level of commitment felt toward the buyer-seller relationship.

P2b: The level of trust a buyer feels toward the seller will have a positive impact on the level of satisfaction felt toward the seller.

P2c: The level of trust a buyer feels toward the seller will have a positive impact on the level of relative dependence felt toward the seller.

Social Bonds: Relationships are based on bonds (Wilson and Mummalaneni 1986) which means that the customer is tied to the service provider in different ways (Liljander and Strandvik 1995). Individuals may develop strong personal friendships that tend to hold a relationship together. Wilson (1995, p. 339) defined social bonding as "the degree of mutual personal friendship and liking shared by the buyer and seller." Lijander and Strandvik (1995, p. 153) assert social bonds "exist when the customer and the service personnel know each other well, contact is easy, there is mutual trust..." Social bonds help to develop a sense of commitment to the relationship (Turnbull and Wilson 1989). Wilson and Mummalaneni (1986) found that buyers and sellers who have strong personal bonds are more committed to maintaining the relationship than less socially bonded partners. Therefore, the following propositions are suggested:

P3a: The strength of the social bonds a buyer feels toward the seller will have a positive impact on the level of commitment felt toward the buyer-seller relationship.

P3b: The strength of social bonds a buyer feels toward the seller will have a positive impact on the level of satisfaction with the seller.

P3c: There is a positive relationship between the level of trust the buyer has in the seller and social bonds formed with the seller.

Quality of Alternatives: Individuals are structurally committed to a relationship to the extent that reasonably available alternatives are unattractive (Johnson 1982). In a marketing context, Anderson and Narus (1984; 1990) define the comparison of alternatives (CLalt) as the average quality of the outcomes that are available from the best alternative exchange relationship. CLalt represents the lowest level of outcomes a partner will generally accept and still remain in the relationship. Anderson and Narus (1984) suggest that the quality of an outcome when judged against alternatives is a measure of the dependence of one partner on the other. Dependence has been described as a firm's need to maintain the relationship with a partner to achieve one's goals (Frazier 1983). In the context of a doctor-patient relationship, if there are few alternative physicians available, the patient is more likely to become dependent upon the relationship.

The inability to replace a partner has also been considered an indication of one's dependence on one's partner (Heide and John 1988; Kumar et al 1995). Han and Wilson (1993) and Anderson and Narus (1990) support the proposition that if there is a wide array of high-quality partners, dependence will be low. Likewise, if the comparison level of alternatives is low, the partner will be less likely to leave the relationship. Rodin (1982) supported the idea that substitutability, or the ease or replacement, has an important impact on the dissolution process. Thibaut and Kelly (1959) argue that the termination of a relationship may not be problematic for individuals who have better

alternative relationships that can satisfy one's needs. Based on the above discussions, the following propositions are suggested:

P4a: The availability of suitable alternative sellers will have a negative impact on the level of commitment the buyer feels toward the buyer-seller relationship.

P4b: The availability of suitable alternative sellers will have a negative impact on the relative dependence a buyer feels toward the seller.

Relative Dependence: Relative dependence can be defined as a partner's perceived difference between its own and its partner's dependence on the relationship (Anderson and Narus 1990). In a distributor-manufacturer relationship, Anderson and Narus (1990) contend that a firm with greater relative dependence has, by definition, relatively greater interest in sustaining the relationship. This contention has been supported by substantial conceptual and empirical work (e.g. Frazier and Summers 1986; Gaski 1984).

Purchases of services where high involvement decisions are the norm (e.g. medical services) often warrant a high degree of consumer dependence upon the service provider for information and guidance (Westbrook 1994). In the context of a doctor-patient relationship, the patient depends on the doctor for treatment; the doctor is the expert and the patient is not (Blum 1960). In fulfilling the expectations of the sick role, the patient must place himself or herself in the hands of the physician who has the technical competence to help him/her get well (King 1963). A doctor's power over patients derives from three sources (West 1989): (1) patients are in a position of situational dependency with respect to their doctors in that they recognize their need for health care and their inability to provide it for themselves; (2) physicians are in a position

of situational authority with respect to their patients since only doctors possess the knowledge and qualifications required to provide medical services; and (3) the physician's professional prestige provides them an additional edge in their interactions with patients. Based on the above, it is proposed that the more dependent a buyer feels toward the seller, the stronger commitment there will be to the buyer-seller relationship.

P5: The level of relative dependence a buyer feels toward the seller will have a positive impact on the level of commitment felt toward the buyer-seller relationship.

Investment in the Relationship: The development and maintenance of a relationship necessitates, at the very least, the investment of some time and energy (Marks 1977), and potentially involves the investment of emotions, money, or other possibly irretrievable resources (Johnson 1991). Relationship investment includes the resource, effort, and attention devoted to a relationship that does not have outside value and cannot be recovered if the relationship is terminated (Wilson and Mummulaneni 1988). Anderson and Weitz (1992) found evidence to suggest that the greater the level of idiosyncratic investments made by a manufacturer in a relationship increases that manufacturer's commitment to its relationship with a distributor. In addition, Johnson (1991) proposes that irretrievable investments function to keep individuals from leaving relationships where they feel little personal commitment. Therefore, the following proposition is suggested:

P6: The size of the investment in the buyer-seller relationship will have a positive impact on the level of commitment felt toward the relationship.

The Relationship Dissolution Model also proposes that investment in the relationship acts as a mediating variable between closeness of the relationship and level of commitment. Closeness influences the size of the investment in the relationship that in turn influences commitment.

Closeness: A buyer-seller relationship is classified as "close" when it is characterized by high interdependence which is revealed in four properties: (1) the seller has frequent impact on the buyer, (2) the amount of the impact is strong, (3) the impact involves diverse kinds of activities or personal concerns, and (4) the relationship has endured for a relatively long period of time (Kelley et al. 1983). According to McWhinney (1982) sharing meaningful and challenging experiences, such as pregnancy and childbirth, the raising of children, and acute, chronic, and terminal illnesses, contributes to the strength of the doctor-patient relationship. Liljander and Strandvik (1995) describe a "knowledge bond" as a type of bond that serves as an exit barrier for the consumer, e.g., a patient may have an established relationship with a doctor who knows the patient's medical history. In the context of a doctor-patient relationship, some patients would never consider changing doctors, even though they may have begun to feel uneasy about their doctor's medical judgments (Scribnick and Scribnick 1994). Instead, they continue to see doctors they are dissatisfied with because they have confided in them for so long.

Frazier and Cooke (1993) separated the fourth dimension, durability, from the other three dimensions of closeness since an individual's attachment to another reflects the prior history of learning and socialization by the partners during their involvement and are not necessarily related to the duration of the relationship (Seabright 1992). Ring

and Van de Ven (1994) also treated temporal duration of the relationship as a separate predictor of relationship commitment. It is important to understand the dynamics of how customers and service providers relate to each other over time (Bakeman and Gottman 1986). Heide and John (1990) proposed that the historical length of the relationship (durability) is positively related to the likelihood of continued future exchange in buyer-supplier relationships.

Although it is extremely difficult to determine what constitutes a "long" relationship (Easton and Araujo 1989), relationship length is usually considered as an indicator of relationship strength (Liljander and Strandvik 1995). However, this dissertation will offer only one proposition regarding closeness of the relationship. Closeness will be conceptualized as a multidimensional construct (frequency, amount of impact, diverse activities, and temporal duration of the relationship). The relationship between closeness to the seller and investment in the relationship is described in the following proposition:

P7: The buyer's sense of closeness to the seller will have a positive impact on the level of investment the buyer feels to the buyer-seller relationship.

Consequences of Relationship Dissolution

The propositions discussed in the previous section will not be tested in this dissertation. The primary goal of this dissertation is to test factors that are directly related to the dissolution of an existing buyer-seller relationship. Therefore, this section will address factors that may impact the consequences of the dissolution of a buyer-seller relationship. Hypotheses will be developed concerning the relationships among variables

depicted in the lower portion of the Relationship Dissolution Model (beginning with Relationship Commitment). Each of these hypotheses will be tested in the context of the dissolution of two buyer-seller relationships, that between a hair stylist-client and a doctor-patient.

Based on appraisal theory (Smith and Pope 1992), after notification of the dissolution of a buyer-seller relationship, the buyer would assess the importance of the relationship (investment size, quality of alternatives) and the desirability of the relationship (relationship satisfaction). According to Rusbult et al. (1996), cognitive appraisals and emotional reactions help us: (1) interpret the significance of the dissolution; (2) understand the implications of the dissolution; (3) apprehend the implications of this knowledge in light of the buyer's own needs and preferences, and (4) direct behavioral reactions to the dissolution. In addition, according to consensus theory of emotion (Lazarus 1991), the link between appraisals and specific emotions is cross-culturally universal and particular appraisals evoke particular emotions. Antecedents of the four emotions that may be relevant to the dissolution of a buyer-seller relationship include (Lazarus 1991):

(1) fear: elicited by a perceived threat to life, personal safety, loss of control, or being in an unfamiliar situation;

(2) sadness: caused by an undesirable outcome, a negative surprise, loss of a valued relationship, an irrevocable loss, discovering that one is helpless;

(3) anger: stems from the appraisals that one's goals are being interfered with or there has been a violation of expectations; and

(4) joy: a desirable outcome, getting what was wanted, receiving a wonderful surprise, and reality exceeding expectations.

Preceding each emotion is a particular cognitive appraisal that directly triggers the emotion. The summation of these four emotions would compose the level of distress felt upon the dissolution of a buyer-seller relationship. Lazarus (1982) argued that the cognitive processes of appraisal are central in determining whether a situation is potentially threatening or harmful, and thus cognition determines both the perception of stress and the individual's emotional reaction to it.

Cognitive Appraisal: According to appraisal theory, the appraisal process is hypothesized to combine consideration of the properties of both the person and the situation (Smith and Lazarus 1990). Appraisal theory explains individual variation in emotion through the operation of a highly structured and deterministic system (Smith and Pope 1992). Different emotions are hypothesized to be fixed and universal responses to particular appraised meanings. If a person appraises his/her circumstances in a certain way, then the associated emotional response inevitably follows. If two individuals make the same appraisal, they will experience the same emotions, but if they appraise their circumstances in different ways, they will experience different emotions (Smith and Lazarus 1990). Because the outcome of appraisal is a function of both the person and the situation, different individuals will often appraise seemingly identical circumstances differently and react with different emotions.

According to Smith and Pope (1992), primary appraisal determines whether and how one's circumstances are relevant for personal well being (whether anything important is at stake) and is made up of two components: (1) relevance (an evaluation of

the extent to which the situation touches upon personal goals or concerns, i.e. the situation's importance); and (2) congruence (the extent to which the circumstances are consistent with the person's goals, i.e. the situation's desirability). In the context of the dissolution of a buyer-seller relationship, the buyer assesses importance of (investment size, quality of alternatives) and the desirability (satisfaction) to remain in the relationship. An evaluation of high relevance is necessary for strong emotion because the degree of relevance determines the person's level of affective involvement. Assessments of congruence combine with relevance to determine whether the circumstance is stressful or benign (Smith and Lazarus 1990). All else being equal, given that the dissolution of a buyer-seller relationship may touch upon a particular concern of the buyer, the buyer's appraisals of relevance should be positively correlated with his/her degree of commitment to the relationship (Smith and Pope 1992). The involuntary dissolution of a relationship could be seen as a breaking of an implicit promise, i.e. that of durability of the relationship. Durability, the belief in the possibility of continued exchanges in the future, is an important characteristic of relationship commitment.

Emotional Response: Emotions have been defined as changes caused by appraising events as relevant to concerns, hence giving rise to positive or negative feelings (Frijda 1988). According to Frijda, Ortony, Sonnemans, and Clore (1992), there are four categories of determinants that might influence emotional intensity variables: (1) concern strength (the value of the concerns at stake in the event eliciting the emotion), (2) event value (the seriousness or value of the event, given the concerns involved), (3) context (unexpectedness, assessment of possibilities for coping), and (4) person (personality attributes). Three of the above four determinants of emotional intensity can

be connected directly to the proposed antecedents to relationship commitment shown in Figure 1. Specifically, concern strength might be viewed in a similar manner as the level of satisfaction with the relationship; event value is comparable to the size of the investment in a relationship; and context may be seen as a proxy for the quality of alternatives that are available. Finally, two individual differences variables shown in Figure 1, Attachment Style and Locus of Control, can be applied to the fourth determinant of emotional intensity, person.

Emotion is described as an arousal caused by interruption in well-practiced, organized action sequences, coupled with cognitive appraisal of that arousal (Berscheid 1983). Emotions are negative when interruptions block goal attainment and positive when they facilitate reaching a goal. Therefore, dissolution of superficial relationships should produce little emotion. However, if the partner is committed to the relationship, then the termination of that relationship should produce considerable emotion distress.

H1a: The higher level of commitment a buyer feels toward the seller, the higher the level of emotional distress felt as a result of the dissolution of his/her buyer-seller relationship.

Consumer satisfaction/dissatisfaction has been defined as an "evaluation rendered that the experience was at least as good as it was supposed to be" (Hunt 1977). In the situation of a buyer-seller relationship, buyers assume that marketing relationships will continue as long as it is beneficial to the buyer. The termination of the relationship by the seller, therefore, would disconfirm the buyer's expectancy of continuing association, thus impacting the satisfaction felt toward the seller and the service firm itself. In addition, the buyer may be unhappy not just with the loss of the relationship, but

also with the manner in which the dissolution occurred. Finally, feelings of dissatisfaction may also impact the intentions of the buyer to form a new relationship with another seller at the same service firm.

Satisfaction with the Seller/Service Firm: The termination of a relationship may impact not only the buyer's satisfaction with the seller who is leaving, but also the service firm, and the likelihood that the buyer will form a new relationship with the service firm. Oliver and Swan (1989) found that there is a positive relationship between satisfaction with the salesperson and satisfaction with the dealer. On the other hand, it has also been proposed that a customer may be committed to a specific service employee in a company without feeling commitment for the company as a whole (Liljander and Strandvik 1995). In one study involving a travel delay, Taylor (1994) found evidence to suggest that there is a significant negative relationship between consumers' anger due the service failure and their perception of the overall quality of service of an airline. Therefore, service firms could experience negative consequences of an employee leaving the firm in two ways: (1) consumers may transfer negative feelings about a service employee to the service firm, or (2) consumers could also transfer unhappy feelings concerning the unpleasant experience of having their familiar buyer-seller relationship terminated to the service firm itself.

Satisfaction with the Dissolution Process: In addition to the fact a buyer is likely to experience distress as a result of the dissolution itself, factors relating to the dissolution process may also contribute to the level of dissatisfaction a buyer may experience after the dissolution. How the communication about the ending of the relationship is handled can be attributed to the seller. In other words, a buyer may blame the seller for handling

the notification impersonally. Therefore, the manner in which the news about the dissolution is communicated impacts the potential dissatisfaction the buyer feels regarding the dissolution process.

Likelihood of Forming a New Relationship with the Same Firm: It appears likely that consumers who experience dissatisfaction with both the seller and the service firm will also be unlikely to form a new relationship with the same service firm once the relationship has been dissolved by the seller.

Based on the above, the following general hypothesis regarding satisfaction (including satisfaction with the seller, satisfaction with the process, satisfaction with the service firm, and likelihood of forming a new relationship with the same firm) is proposed:

H1b: The higher the level of commitment a buyer feels toward the seller, the lower the level of satisfaction the buyer will after the dissolution of a buyer-seller relationship.

The Process of Relationship Dissolution

Frazier and Cook (1993) found evidence to suggest that factors that are related to commitment to the relationship are strongly related to the initial distress experienced upon termination of the relationship. For instance, the closure of a doctor's practice, thus ending the doctor-patient relationship, is likely to be a cause of anxiety, uncertainty, and emotional distress on the part of the patient. In addition, factors relating to the closure of a doctor's practice may also impact the patient's satisfaction with the doctor who is leaving, the clinic with which the doctor is affiliated, and finally, the likelihood that the

patient will form a new doctor-patient relationship with another physician at the same or different clinic.

The proposed Relationship Dissolution Model identifies structural characteristics that may be involved in a buyer-seller relationship dissolution process. The model integrates relational variables proposed in the marketing, management, and social psychology literatures. This model is meant to apply to the buyer perspective in the dissolution of a buyer-seller, e.g., what is the impact on the buyer when the seller terminates an established buyer-seller relationship?

Moderating Variables

Moderators of a stressful experience, such as the dissolution of a doctor-patient relationship, may have an impact on the appraisal of the event and the resulting psychological responses (Norris and Murrel 1984). Aldwin (1994) has attempted to distinguish between internal moderators of stress (e.g., personality factors) and external moderators (e.g., availability of support). Early models of stress focused primarily on internal processes as the source of psychological stress, however sociologists point to the role that external factors play in influencing stress (Aldwin 1994).

Personality Factors: Genetic factors and/or early familial environment may translate into stable individual differences in personality (Taylor and Aspinwall 1996). In turn, individual differences may contribute to how stress is appraised and to resistance or vulnerability to the adverse effects of stress. According to Taylor and Aspinwall (1996) personality variables that may influence the appraisal of stress include: locus of control, negative affectivity, dispositional optimism, affect intensity, neuroticism, and hardiness. One personality individual difference variable that may be particularly important in

evaluating the impact of the dissolution of a doctor-patient relationship will be measured -- health locus of control.

Health Locus of Control is derived from a more general personality variable, locus of control. Locus of control appears to partially determine the effects of perceived controllability/uncontrollability. Across a wide range of investigations, the belief that one can control the stressful events in one's life has been related to emotional well being and successful coping with a stressful event (Thompson and Spacapan 1991). Rotter (1966) holds that the effects of reinforcement on behavior partially depends on whether individuals habitually perceive events as contingent on their behavior or independent of it. The Internal-External LOC scale was developed to measure the degree to which individuals feel they can control their environments.

People vary a great deal in their perception of how much control they have over their lives (Edgman-Levitan 1993). People with a strong internal locus of control feel the need to exert influence over what happens to them. They believe they are responsible for what happens to them through their own efforts to control the situation. Those with as an external locus of control tend, on the other hand, to hold outside institutions, other people, or "fate" responsible for what happens to them. Several studies have shown that people who perceive control as an external to themselves resemble "avoiders" in their need for information, while those with strong internal locus of control do better with detailed information about what to expect (Edgman-Levitan 1993).

Health Locus of Control (HLOC): One HLOC scale, developed by Wallston and Wallston (1978) contains three subscales measuring internal health locus of control (e.g., I am in control of my health), the extent to which powerful others control one's health

(e.g., health professionals control my health), and the degree to which chance affects health (e.g., When I am sick, I just have to let nature run its course). It follows that patients who are highly committed to their doctor and also exhibit high external health locus of control, are likely to be more distressed following the dissolution of their doctor-patient relationship than those with low levels of relationship commitment.

H2: It is hypothesized that the buyer's locus of control will influence levels of emotional distress and satisfaction following the dissolution of the relationship. Specifically, it is predicted that buyers who have high external locus of control will experience:

(a) higher levels of emotional distress following the dissolution of their buyer-seller relationship, and

(b) lower levels of satisfaction following the dissolution of their buyer-seller relationship.

Interpersonal Attachment: A number of studies in the psychosocial literature have used attachment theory (Bowlby 1969) to understand adult interpersonal and emotional functioning (Bretherton 1985; Hazan and Shaver 1987). Hazan and Shaver (1990) found evidence to suggest that subjects with secure attachments reported greater overall well-being, less anxiety and found enjoyment and fulfillment in their love relationships. It is possible, therefore, that buyers who are both highly committed to their relationship and score high in interpersonal attachment will experience more distress and lower levels of satisfaction following the dissolution of the relationship:

H3: It is hypothesized that the buyer's level of interpersonal attachment will influence levels of emotional distress and satisfaction following the dissolution of the

relationship. Specifically, it is predicted that buyers who have high levels of interpersonal attachment will experience:

(a) higher levels of emotional distress following the dissolution of their buyer-seller relationship.

(b) lower levels of satisfaction following the dissolution of their buyer-seller relationship.

Reason for the Dissolution

Attribution theory deals with the processes by which an individual infers another person's intention or attitude from his/her behavior (Kelley 1977). After an observed event people make a judgment about some causal factor behind this event. This event would be attributed to some property internal to the person (e.g., an intention) or some factor external to the person (e.g., relocation of business, retirement age). Attributions are important in close relationships because highly interdependent people often have occasion to wonder about the causes of the events in their relationship (Kelley 1977). The three causal dimensions of attribution theory would suggest that a consumer (or buyer) might make the certain inferences when learning that his/her service provider (or seller) wants to terminate the buyer-seller relationship. For example, based on attribution theory, a patient upon learning that his/her doctor is closing his/her practice may make the following judgments:

(1) stability: I've never had a doctor close his/her practice. Patients expect continuity of care when forming relationships with physicians. The unexpected disruption in medical care and the realization that a new health care provider must be located may be a cause of concern to the patient.

(2) controllability: Is it really necessary for my doctor to close his/her practice? The reason for the doctor to close the practice may impact the attitudes concerning the dissolution of the doctor-patient relationship.

(3) locus: It was the doctor's decision, not the patient's, to end the doctor-patient relationship. As the patient did not initiate the breakup of the relationship, she/he may feel more distress when it is terminated. For example, Wilder and Chiriboga (1991) found that initiating a divorce may be less stressful than being divorced. In addition, Collins and Clark (1989) posit that attribution of responsibility for the dissolution of a relationship can lead to higher levels of distress following the breakup.

The above three inferences would lead the patients to think about the negative outcomes relating to the closure of their doctor's medical practice. Kelley (1971, p. 24) suggests that an individual's motivation to control negative outcomes may make him/her more likely to blame others when a negative outcome stems from shortcomings that are modifiable: "In responding to another person's negative actions, there is no corrective gain to come from blaming him if his physical or mental incompetence was involved, but there is considerable possibility for effective control if it was a matter of his intention, attitude, or motivation." It follows then that a patient's motivation to control negative outcomes may make him/her more likely to blame the physician when a negative outcome (having to find a new physician) stems from shortcomings that are modifiable (the physician should not have closed his/her practice).

Attributions about breakups have also been associated with as an individual's expectations regarding future relationships (Frazier and Cook 1993). The closure of a

physician's practice may represent a threat in the form of an uncontrollable aversive outcome -- the patient must find a new physician. Based on the controllability factor from attribution theory, the following hypotheses are proposed:

H4: Buyers who perceive the seller had no control over the reason for terminating the relationship will experience:

(a) lower levels of distress upon learning of the dissolution.

(b) higher levels of satisfaction upon learning of the dissolution.

Interaction Effect: The controllability factor may also interact with the level of commitment the buyer feels toward the relationship. Buyers who are highly committed to their relationship are more likely to experience negative reactions, especially when they perceive that the reason for the dissolution is not necessary. On the other hand, it is likely that buyers who experience a low level of commitment to their seller would not particularly care about the cause for the ending of the relationship. Therefore, there would not be a noticeable difference in the levels of distress experienced by buyers with low relationship commitment based on their perception of controllability of the dissolution. Based on the controllability factor from attribution theory, the following interaction effects are proposed:

H5: It is hypothesized that the buyers' commitment to the relationship will interact with the controllability of the dissolution in influencing levels of satisfaction following the dissolution. Specifically, it is predicted that:

(a) Buyers who have high commitment to their buyer-seller relationship and perceive the seller had control (versus no control) over the reason for

terminating the relationship will experience higher levels of emotional distress and lower levels of satisfaction upon learning of the dissolution.

(b) Buyers who have low commitment to their buyer-seller relationship will not be influenced by the perception of controllability of the dissolution.

Communication Source

A number of theorists point out that intrapersonal communication is important, but it is the "sharing" of information that makes society function (Harper 1979). Not only is it important to be able to communicate to others in order to maintain society, but it is important to communicate with each other. In the 14th century, Aristotle suggested that the ultimate use of communication is to lead to decisions in areas of thought and conduct where there is no obvious right or wrong. However, from the classical through modern periods, communication theorists agree that communication is ultimately a means of influencing others' beliefs and/or behaviors (Harper 1979).

In a marketing context, communication in marketing channels has been described as the process by which persuasive information is transmitted (Frazier and Summers 1984). Mohr and Nevin (1990) point out that the lack of relevant theoretical and empirical research on channel communication makes it difficult to suggest effective communication strategies for channel members. They also recognize that the role of communication as a moderator between structural/behavioral conditions and outcomes has largely been ignored by marketing academicians. It has been an untested assumption that an effective communication strategy (when communication "fits" the channel conditions) will result in enhanced outcomes (Mahajan and Churchill 1988).

Communication factors concerning the announcement of the dissolution can influence the appraisal process. Communication is a system through which we "establish and experience a predictable continuity in life" (Leeds-Hurwitz 1994, p. 19). The effectiveness of the communication regarding the dissolution of the relationship may also impact the level of distress felt as a result of dissolution. The context of the communication may contain two types of support to help the receiver of the message cope with the news of the dissolution of the relationship -- emotional support (reassuring the patient that he/she is cared for) and information support (provision of specific information about ways to cope with the dissolution). Research suggests that these two types of support may operate proactively to offset or minimize a stressful event (Taylor and Aspinwall 1996).

Communication variables are especially important since they are controlled by, *and therefore* can be managed by, the source of the message, the physician. In addition to providing guidance in making the transition to building a new relationship, the communication channel used to deliver the message (personal conversation with physician, word-of-mouth, public announcement) and may also influence the amount of distress felt regarding the dissolution. Mohr and Nevin (1990) suggest that if formal modes (e.g., public announcement) of communication are used, especially for persuasive messages, the recipient may disregard the message as inappropriate. Applying one communication factor, the channel (personal versus impersonal) the following hypothesis is proposed:

H6: There will be a difference in responses based upon communication factors such that buyers who receive impersonal communication (versus a personal message) will experience higher levels of emotional distress and lower levels of satisfaction.

Interaction Effect: Communication factors related to the notification that their service provider (seller) is closing his/her practice is unlikely to affect consumers (buyers) who perceive a low level of commitment to their buyer-seller relationship. However, buyers who are highly committed to their buyer-seller relationship will likely experience a difference in their levels of distress and feelings of satisfaction based on how the news regarding the dissolution is communicated. Receiving the news personally may offset the initial disappointment felt as a result of learning that an important buyer-seller relationship has been dissolved. Buyers who are highly committed to their buyer-seller relationships will expect to be personally informed about the dissolution. An impersonal communication about the dissolution will only add insult to injury. Buyers who are highly committed to their buyer-seller relationship will be disappointed not only by the news about the dissolution, but also by the way in which the news was communicated. Based on the above, the following interaction effects are proposed:

H7: It is hypothesized that the buyers' commitment to the relationship will interact with communication factors in influencing reactions following the dissolution. Specifically, it is predicted that:

(a) Buyers who have high commitment to their buyer-seller relationship and receive the message regarding the dissolution personally (versus impersonally) will experience lower levels of emotional distress and higher levels of satisfaction following the dissolution.

(b) Buyers who have low commitment to their buyer-seller relationship will not be influenced by communication factors concerning the dissolution.

CHAPTER IV

RESEARCH DESIGN

Introduction

One pilot study followed by two comprehensive studies were conducted to test the process/consequences portions of the Relationship Dissolution Model. The context of the relationship dissolution in the pilot study focused on the termination of a hair stylist-client relationship. The results obtained from the pilot study uncovered measurement weaknesses that were modified before collecting data for Study 1 which was the primary focus of this dissertation, the dissolution of a doctor-patient relationship. In order to achieve a greater degree of generalizability, research methods used in Study 1 were replicated in Study 2, but the context of the dissolution concerned the termination of a hair stylist-client relationship.

Pilot Study

Subject Population

A convenience sample of 157 student subjects participated in this study. The results from a focus group composed of marketing students determined that the dissolution of their relationship with their hair stylist/barber (hereinafter referred to as "stylist") would be one of high involvement and interest to them. The average age of the

student sample was 21.6 years old and 51.6 percent were females. Twenty-eight percent of the students had actually experienced the situation in which his/her stylist had closed his/her practice, and 38.5 percent of the students had to change stylists because he/she had to relocate (not including going to college).

Methodology

The study used a 2 x 2 x 2 factorial between-subjects design with two levels of each of the following three independent variables: (1) commitment level (high/low); (2) reason for the dissolution (controllable: stylist did not have to close his/her practice; uncontrollable: stylist did have to close his/her practice); and (3) communication source (impersonal: message was delivered in an impersonal manner/personal: message was delivered personally). The first independent variable, commitment level, was developed by measuring the actual level of commitment the students felt toward their relationship with their own stylist. The results were then blocked (based on a median split of the data) to form two categories, low and high commitment levels. The second and third independent variables were manipulated by changing the wording of a scenario describing a situation in which the student's stylist is closing his/her practice as follows:

Reason for Leaving: Controllable: "Your stylist is closing his/her practice in order to join a larger salon located in California."

Reason for Leaving: Uncontrollable: "Your stylist [is] closing his/her practice ... in order to take early retirement due to health problems."

Communication Source: Personal: "You are at your stylist's shop ... your stylist makes a surprise announcement."

Communication Source: Impersonal: "You are reading your local newspaper when you come upon a block announcement."

After reading brief instructions regarding the topic of the research and the importance of carefully reading the scenario, the students were asked to answer questions about their current relationship with their stylist. They were then asked to read a scenario describing the situation in which their current hair stylist has decided to close his/her practice. The students were then asked questions regarding their reactions to the dissolution of their relationship with their hair stylist.

Measures

Focal Constructs: **Relationship commitment** was measured by eight items adapted from Meyer and Allen (1984) and Mowday, Steers, and Porter (1979). An index for relationship commitment was formed by averaging the responses to the eight measures (Cronbach alpha = 0.89). An **emotional response** index (Cronbach alpha = 0.76) was created by using an average score of eight items measuring four emotions (fear, sadness, anger, and joy) as suggested by Lazarus (1991). The last two items of this scale were reverse coded. **Satisfaction with partner** was measured using two items (correlation 0.41) adapted from Anderson and Narus (1984). **Satisfaction with the service provider** was measured by three items used by Crosby et al (1990) to measure the satisfaction with relationship quality. An index for service provider satisfaction (Cronbach alpha = 0.94) was created by taking an average of the responses to the three measures. **Satisfaction with the dissolution process** was measured by one item, "Rate your level of satisfaction with the manner in which you were notified about the closure of your stylist's practice." **Likelihood of staying with the service firm** was measured by

one item, "Please rate the likelihood of your forming a new relationship with another stylist at the same style shop after your stylist leaves."

Relationships Between Key Variables: Table 2 shows means, standard deviations, intercorrelations, and covariances for the scale indices of all research variables.

Table 2

Correlation/Covariance Matrix – Pilot Study

	Mean	CM	ER	DP	StS	SlS	Stay
Commitment (CM)	3.25	**.77**	.54*	-.08	.40*	.36*	-.16*
Emotional Response (ER)	3.24	.26	**.63**	-.21*	.23*	.26*	-.21*
Dissolution Process (DP)	2.92	-.07	-.16	**1.21**	.29*	.20*	.04
Stylist Satisfaction (StS)	4.00	.23	.11	.26	**.75**	.55*	-.12
Salon Satisfaction (SlS)	4.17	.20	.12	.18	.30	**.74**	-.01
Likelihood of Staying with Salon (Stay)	3.08	-.16	-.17	.06	-.12	-.01	**1.33**

*significant at the $p < .05$ level, $n = 157$

Correlations are above the diagonal, standard deviations are on the diagonal and in bold, and covariances below the diagonal.

Results - Pilot Study

Manipulation Checks:

Subjects in the impersonal communication source condition reported significantly higher agreement (mean = 3.51) with a statement regarding the impersonal (read announcement in newspaper) nature of the message compared to those in the personal (conversation with stylist) communication source condition (mean = 2.51, $t = 5.94$, $p < 0.0001$). Also, as expected, subjects in the uncontrollable reason for leaving (stylist left

due to health problems) condition reported significantly lower agreement (mean = 2.06) with a statement suggesting that the closure of the practice was not necessary compared to those in the controllable reason for leaving condition (stylist left to join larger salon) (mean = 2.60, $t = 3.49$, $p < 0.001$).

MANOVA Results:

Because four of the five dependent variables were correlated (see Table 2), MANOVA was used to test predictions for the following dependent variables: Emotional Response, Satisfaction with the Process, Satisfaction with the Stylist, and Satisfaction with the Salon. Results from MANOVA are shown in Table 3.

MANOVA results indicate that all three main effects of commitment level ($p < 0.0001$), reason for leaving ($p < 0.052$), and communication source ($p < 0.0001$) were significant at the multivariate level for these four dependent variables. In addition, there was a significant interaction effect between commitment level and communication source ($p < 0.009$) at the multivariate level. The relevant F-statistics and p-values from the univariate analyses are reported in Table 4 for these variables and the fifth dependent variable, Likelihood of Staying with the Service Firm.

Table 3

MANOVA Results – Pilot Study

Effect	Wilks' Λ	F-value	p-value	Eta^2
Commitment Level	0.726	13.683	0.001	0.274
Reason for Leaving	0.938	2.408	0.052	0.062
Communication Source	0.759	11.496	0.001	0.241
Commitment x Reason	0.980	0.729	0.573	0.020
Commitment x Source	0.912	3.509	0.009	0.088
Reason x Source	0.987	0.478	0.752	0.013
Commitment x Reason x Source	0.952	1.843	0.124	0.048

Table 4

ANOVA Results – Pilot Study

	Sum. Sq.	F-stat.	p-value
Commitment Level			
Emotional Response	12.966	41.742	0.000
Satisfaction with the Process	6.574	5.840	0.017
Satisfaction with the Seller	5.963	12.961	0.000
Satisfaction with the Service Firm	5.237	10.884	0.001
Likelihood of Staying with Service Firm	0.473	0.260	0.611
Reason for Leaving			
Emotional Response	0.918	2.948	0.088
Satisfaction with the Process	3.391	3.012	0.085
Satisfaction with the Seller	2.078	4.517	0.035
Satisfaction with the Service Firm	1.885	3.918	0.050
Likelihood of Staying with Service Firm	0.572	0.314	0.576
Communication Source			
Emotional Response	0.076	0.151	0.698
Satisfaction with the Process	41.032	36.448	0.000
Satisfaction with the Seller	8.049	17.494	0.000
Satisfaction with the Service Firm	1.697	3.527	0.062
Likelihood of Staying with Service Firm	4.012	2.203	0.140
Commitment x Reason			
Emotional Response	0.016	0.109	0.742
Satisfaction with the Process	2.565	2.278	0.133
Satisfaction with the Seller	0.422	0.917	0.340
Satisfaction with the Service Firm	0.191	0.397	0.530
Likelihood of Staying with Service Firm	0.030	0.046	0.830
Commitment x Source			
Emotional Response	0.045	0.077	0.781
Satisfaction with the Process	6.883	6.114	0.015
Satisfaction with the Seller	0.121	0.263	0.609
Satisfaction with the Service Firm	1.623	3.373	0.068
Likelihood of Staying with Service Firm	0.325	0.178	0.673
Reason x Source			
Emotional Response	0.461	1.482	0.225
Satisfaction with the Process	0.373	0.331	0.566
Satisfaction with the Seller	0.392	0.209	0.648
Satisfaction with the Service Firm	0.042	0.087	0.769
Likelihood of Staying with Service Firm	0.154	0.084	0.772
Commitment x Reason x Source			
Emotional Response	0.002	0.035	0.851
Satisfaction with the Process	0.114	0.101	0.751
Satisfaction with the Seller	0.008	0.030	0.863
Satisfaction with the Service Firm	2.235	4.644	0.033
Likelihood of Staying with Service Firm	0.006	0.001	0.974

Main Effects:

Commitment Level effects were significantly different for four dependent variables, Emotional Response, Satisfaction with the Process, Satisfaction with the Seller, and Satisfaction with the Service Firm. The means corresponding to these main effects are reported in Table 5 below. In general, negative emotions were significantly higher and satisfaction levels were significantly lower after the dissolution when the buyer was highly committed to the buyer-seller relationship (supporting H1a and H1b).

The reason for leaving effects (controllable versus uncontrollable) were significantly different for two dependent variables, Satisfaction with the Seller and Satisfaction with the Service Firm (supporting H4b). Specifically, buyers who perceived that the reason for the seller leaving was out of his/her control (rather than controllable on the part of the seller) were significantly more satisfied with the seller who left and the service firm after the dissolution.

Finally, the communication source (impersonal or personal) had a significant effect on Satisfaction with the Process and Satisfaction with the Seller (supporting H6). This independent variable also had a marginal effect ($p < 0.062$) on Satisfaction with the Service Firm. In other words, those buyers who received the news about the dissolution in a personal manner (versus impersonal) felt significantly higher levels of satisfaction about the dissolution process, the seller who left and the service firm.

Table 5

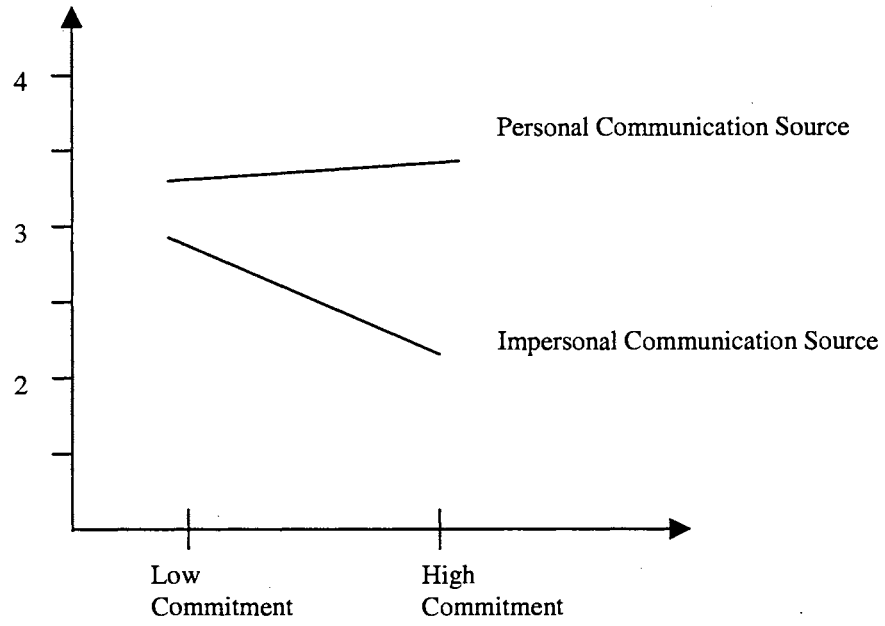
Main Effect Means - Pilot Study

	Commitment		Reason for Leaving		Communication Source	
	Low	High	Control-lable	Uncontrol-lable	Personal	Impersonal
Emotions	2.95	3.53	3.32	3.17	3.26	3.22
Sat. with Process	3.14	2.73	3.09	2.79	3.45	2.42
Sat. Stylist	3.83	4.23	4.15	3.95	4.26	3.80
Sat. with Salon	4.01	4.38	4.30	4.08	4.30	4.09
Likey to Stay with Salon	3.13	3.02	3.01	3.13	3.12	2.91

Commitment - Communication Source Interaction:

Commitment level and the communication source (personal/impersonal) had a significant two-way interaction at the multivariate level. This interaction supersedes the main effects. ANOVA results from Table 4 indicate that this interaction effect was significant for one dependent variable, Satisfaction with the Process (thus supporting H7a and H7b). Satisfaction levels with the dissolution process become the lowest when there was a high commitment to the relationship and the message was conveyed in an impersonal manner ($F = 36.34$, $p < 0.0001$). There was no significant difference ($F = 0.18$, $p < 0.892$) between levels of satisfaction with the dissolution process when the message is conveyed in a personal manner, regardless of the level of relationship commitment.

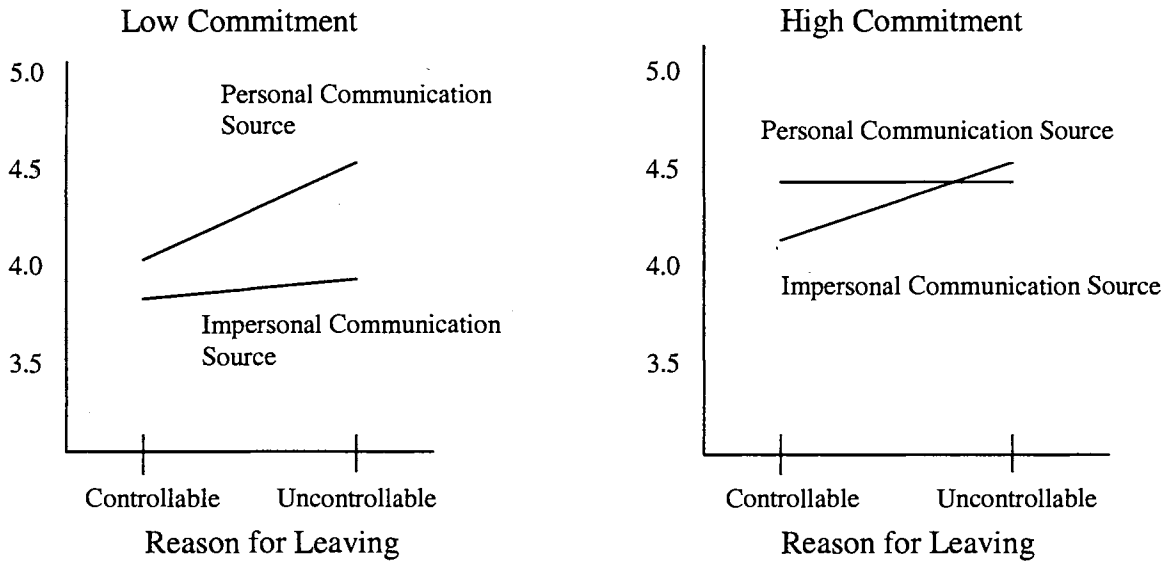
Figure 3. Commitment x Communication Source Interaction for Satisfaction with the Process



Commitment - Communication Source – Reason for Leaving Interaction:

There was a significant three-way interaction effect on Satisfaction with the Salon for all independent variables as follows: commitment level x communication source (personal/impersonal) x reason for leaving (controllable/incontrollable) ($F_{1,148} = 4.64$, $p < 0.033$).

Figure 4. Commitment x Communication Source x Reason for Leaving Interaction for Satisfaction with the Salon



When subjects are not very committed to their relationship with their hair stylist, the effect of receiving a personal communication combined with the perception that the stylist had no control over closing his/her practice results in much higher levels of satisfaction with the salon after the stylist relationship has been dissolved. Interestingly, even though the client may not really care about his/her relationship with their stylist, if the stylist must leave due to reasons beyond his/her control, and takes the time to tell the client personally about his/her closing the practice, the client may feel they have received special attention they may not particularly deserve. Therefore, when customers perceive that they have received personal attention, they become especially appreciative, and this appreciation may be transferred to positive feelings toward the service firm.

On the other hand, if clients are not committed to their hair stylist relationship and receive the news about the closure of the practice in an impersonal manner, the reason for the stylist leaving does not impact their satisfaction with the salon. In addition, these

clients are also not concerned about whether the source of the message is personal or impersonal if the reason for leaving was controllable. In other words, consumers feel similar levels of satisfaction with the salon whether they (1) receive a personal communication and perceive the practice should not have been closed or (2) receive an impersonal message and perceive the practice had to be closed.

Finally, if clients are highly committed to their relationship with their hair stylist, if they receive the news personally, then they are not concerned about the reason for the departure. In other words, feelings of satisfaction toward the hair salon remain constant for those clients who have close ties to the hair stylist and receive the news about the hair stylist leaving in a personal manner. On the other hand, if loyal clients receive the news in an impersonal manner, then the reason for the departure becomes important. As one would expect, a loyal client who receives the news in an impersonal manner and perceives that the reason was controllable on the part of the hair stylist will have much stronger negative feelings toward the salon than if they had perceived that the hair stylist had no choice but to leave the salon.

A summary of the results for the Pilot Study are listed in Table 6.

Table 6

Summary of Hypotheses Results for Pilot Study

Hypothesis #		Supported for D.V.
1a.	Higher Commitment → Higher Negative Emotions	Emotional Response
1b.	Higher Commitment → Lower Satisfaction	Sat. with Process Sat. with Seller Sat. with Firm
2a.	High HLOC & Commit. → Higher Neg. Emotions	not tested
2b.	High HLOC & Commit. → Lower Satisfaction	not tested
3a.	High Attach. & Commit. → Higher Neg. Emotions	not tested
3b.	High Attach. & Commit. → Lower Satisfaction	not tested
4a.	Uncontrollable Reason → Lower Neg. Emotions	not supported
4b.	Uncontrollable Reason → Higher Satisfaction	Sat. with Seller Sat. with Firm
5a.	High Commit. & No Control (vs. Control) → Higher Satisfaction	not supported
5b.	Low Commit. & No Control (vs. Control) → No effect	not supported
6.	Personal Communication Source → Higher Satisfaction	Sat. with Seller Sat. with Process
7a.	High Commit. & Personal (vs. Impersonal) Communication Source→ Higher Satisfaction	Sat. with Process
7b.	Low Commit. & Personal/Impersonal → No effect	Sat. with Process

In general, results from the pilot study suggest customers who are committed to their buyer-seller relationship will have lower levels of satisfaction and experience higher levels of emotions distress after their relationship has been dissolved (H1). If the reason for the seller's departure is perceived to have been unnecessary, both the seller and the service firm receive the blame, i.e., consumers are unhappy with both the service firm

and the seller (H4b). If consumers receive the news about the dissolution personally, they are happier with both the dissolution process and the seller (H6). Finally, loyal customers (high commitment) are especially sensitive to the way the communication about the dissolution is communicated, but feelings of satisfaction/dissatisfaction only impact their satisfaction with the dissolution process itself. These preliminary findings must be viewed with caution, however, given the measurement errors that may have occurred in designing this pilot study.

Modifications for Study 1 and 2

The following shortcomings were found in during the analysis of data from the pilot study:

(1) Commitment to the Relationship was not bi-modally distributed. Since the distribution of means for the focal construct, Commitment, was not bi-modal, it was decided that it would be more representative of true "high" and "low" commitment to use the highest and lowest one-third of the means to determine high and low levels of relationship commitment.

(2) Possible confound in wording of scenario: It was not clear whether the seller was leaving the service firm due to dissatisfaction with the service firm or personal reasons. To avoid this possible confusion, the following sentence was added to the scenario in Studies 1 and 2 respectively:

"Although your stylist has enjoyed many happy years at this hair salon ..."

"Although your doctor has enjoyed many happy years at this medical clinic ...".

(3) Satisfaction measures used different scale formats. To achieve greater consistency, the three satisfaction measures for Study 1 and 2 used the same scale

format as suggested by Crosby et al. (1990). Finally, instead of using the 8-item emotional response index that demonstrated relatively low internal consistency, Studies 1 and 2 will use only the six "negative" emotions that are likely to occur after the dissolution of a relationship.

Study 1 (Focal Study) - Doctor/Patient Relationship

Subject Population

A total of 253 non-student subjects participated in this study. In order to collect data from subjects who were likely have established a long-term relationship with a primary care physician, the sample population was composed of adults over the age of 25. Slightly over 12 percent of the participants were below the age of 29; 16.6 percent were in their 30's; 28.9 percent were in their 40's, 24.5 percent were in their 50's, 10.3 percent were in their 60's and 5.1 percent were over the age of 70. More than half of the participants (60 percent) were women.

The education levels of participants were as follows: 11.9 percent had a high school education; 30.8 had some college education; 27.7 percent had a college degree; and 25.3 percent had a graduate degree. Family income levels of participants were as follows: 11.1 percent earned less than $24,999; 30 percent earned between $25,000 and $49,999; 24.9 percent earned between $50,000 and $74,999; 16.2 percent earned between $75,000 and $99,000; and 12.6 percent earned over $100,000 per year. Over 38 percent of the participants had actually experienced the situation of having their doctor close his or her practice.

Methodology

Using a "mall-intercept" delivery-collection method, self-administered questionnaires were distributed to subjects at an international airport in the Southwestern region of the United States. Individual adults who appeared to be waiting for their plane to leave were approached by one researcher who requested the subject's participation in the study. Approximately 75 percent of those approached agreed to participate. Of those who declined participation, half explained that they did not have a primary care physician and could not relate to the study, and the remainder simply did not want to participate in the study. After the completed questionnaire was collected, a piece of chocolate candy was offered to the participant as a token of appreciation.

Experimental Design

The study used a 2 x 2 x 2 factorial between-subjects design with two levels each of the following three independent variables: (1) commitment level (high/low); (2) reason for the dissolution (controllable: physician did not have to close his/her practice; uncontrollable: physician did have to close his/her practice); and (3) communication source (impersonal: message was delivered in an impersonal manner/personal: message was delivered personally).

The first independent variable, commitment level, was measured as the actual level of commitment the subject felt toward his/her own primary care physician. This continuous variable was split into three equal parts, with the lowest third being labeled as "low commitment" and the highest third being labeled as "high commitment." The second and third independent variables were manipulated by changing the wording of a scenario describing a situation in which the subject's physician announced the closing of

his/her medical practice. The same wording used in the pilot study manipulations was modified for a physician/medical clinic context in Study 1.

After reading brief instructions regarding the topic of the research and the importance of carefully reading the scenario, subjects were asked questions measuring their health locus of control and their level of commitment with their current primary care physician. Next, subjects were asked to read one of four different versions of a scenario describing the situation in which their primary care physician has decided to close his/her medical practice. Subjects were randomly assigned to each scenario. After reading the scenario, subjects were asked questions regarding their feelings concerning the dissolution process, their level of satisfaction with this doctor and the medical clinic, and finally, the likelihood of their forming a new relationship with someone at the same medical clinic after their current physician closes his/her practice.

Measures

Focal Constructs: The following constructs, with wording adapted for a doctor-patient relationship, were used in Study 1. Internal reliability (Cronbach alpha's) are noted in parentheses after the name of each construct. **Relationship commitment** (α = 0.88) was measured by seven items adapted from Meyer and Allen (1984) and Mowday, Steers, and Porter (1979). A **negative emotional response** (α = 0.87) index was created by using an average score of six items measuring three emotions (fear, sadness, anger) as suggested by Lazarus (1991). **Satisfaction with partner** (α = 0.98) was measured using three items used by Crosby et al. (1990 to measure satisfaction with the salesperson. A similar three-item format was used for measuring **Satisfaction with the Service Firm** (α = 0.99) and **Satisfaction with the Dissolution Process** (α = 0.98). **Likelihood of**

Staying with the Service Firm was measured by a single item: "How likely are you to choose a new doctor at this same clinic to replace your doctor?" (highly unlikely/highly likely).

Antecedents of relationship commitment. **Trust** ($\alpha = 0.90$) was measured by six items adapted from Larzelere and Huston (1980). **Satisfaction with partner** ($\alpha = 0.97$) was measured using three items adapted from Anderson and Narus (1984). **Social bonds** (corr. = 0.57) was measured using two items as suggested in the definition by Wilson (1995). **Relative dependence** ($\alpha = 0.71$) was measured using three items from a scale measuring preferences for self-treatment in medical care (Krantz et al 1980). **Quality of alternatives** ($\alpha = 0.79$) was measured by three items that was suggested by Frazier and Cook (1993). **Closeness** ($\alpha = 0.76$) was measured by four items adapted from Kindig and Ricketts (1991) and Frazier and Cook (1984). **Investment Size** ($\alpha = 0.94$) was measured by three items adapted from Anderson and Weitz (1992).

Individual Difference Variable - Covariate: **Health Locus of Control** (HLOC) was measured using items from Wallston, Wallston and DeVellis (1978). The internal reliability of high HLOC (external locus of control) was above acceptable levels ($\alpha = 0.78$).[1] The variable called High HLOC was developed by averaging the scores of the three questions measuring external HLOC (Wallston et al 1978).

Individual items of each scale used in Study 1 are shown in Table 7.

[1] The entire HLOC scale consisted of nine items ($\alpha = 0.42$). Due to the nature of the study and the low reliability of the entire scale, only the three items measuring external HLOC were used in the MANCOVA analysis.

Table 7

Scale Items for Focal Constructs - Study 1

Construct	Items	Source
Relationship Commitment	The relationship with my doctor is: - something I am very committed to. - very important to me. - of very little significance to me. - something I intend to maintain indefinitely. - very much like being a family - something I really care about. - deserves my maximum effort to maintain.	Meyer and Allen (1984) Mowday, Steers, and Porter (1979)
Satisfaction with Physician	Rate your feelings regarding your level satisfaction with your current physician. Dissatisfied ... satisfied Displeased ... pleased Unfavorable ... favorable	Crosby et al (1990)
Social Bonds	-I consider my doctor to be a personal friend. -Personally, I like my doctor very much.	Wilson (1995)
Trust	My doctor: - cannot be trusted at times (r) - is perfectly honest and truthful - can be trusted completely - can be counted on to do what is right - is someone that I have great confidence in. - has high integrity	Larzelere and Huston (1980)
Relative Dependence	- I usually don't ask my doctor many questions about what he/she is doing during a medical exam. - I'd rather have my doctor make the decisions about what's best rather than give me a lot of choices. - Instead of waiting for my doctor to tell me, I usually ask my doctor after an exam about my health. - I trust my doctor rather than question what he/she is doing.	Preferences for Self-Treatment Scale Krantz et al. 1980
Closeness	-I have seen my doctor for a wide variety of health problems or illnesses. -I tend to see my doctor quite often. -My doctor has a strong impact on me. -My doctor-patient relationship has lasted for a long time.	Kindig & Ricketts (1991) Frazier and Cook (1984)

Construct	Items	Source
Satisfaction with the Dissolution Process	-Rate your feelings regarding the manner in which you learned about the closure of your physician's practice. Dissatisfied ... satisfied Displeased ... pleased Unfavorable ... favorable	Crosby et al (1990)
Satisfaction with the Medical Clinic	Rate your feelings regarding the medical clinic: Dissatisfied .. satisfied Displeased .. pleased Unfavorable .. favorable	Crosby et al (1990)
Investment Size	- Overall I have invested a lot in the relationship with my doctor. - A lot of energy, time and effort have gone into building and maintaining the relationship with my doctor. - I have put a considerable amount of time, effort, and energy into building the relationship with my current doctor.	Anderson and Weitz (1992)
Health Locus of Control	-The main thing which affects my health is what I myself do. -I am in control of my health -If I take the right actions, I can stay healthy. -Regarding my health, I can only do what my doctor tells me to do. -Having regular contact with my physician is the best way for me to avoid an illness. -Health professionals control my health. -Luck plays a big part in determining how soon I will recover from an illness. -Most things that affect my health happen to me by accident. -My good health is largely a matter of good fortune.	Wallston et al (1978)
Emotional Response	Please indicate the extent each of the following emotions you felt after learning that your doctor was closing his/her practice. (Not at all/To a great extent) -anger, frustrated -sadness, disappointment -anxiety, apprehension	Lazarus (1991)

Relationships Between Key Variables: Table 8 shows means, standard deviations, intercorrelations, and covariances for the scale indices of all research variables.

Table 8

Correlation/Covariance Matrix – Study 1

	Mean	LOC	CM	NE	Prc	Doc	Clinic	Stay
High HLOC (LOC)	2.93	**1.30**	0.16*	0.09	-0.06	-0.04	-0.03	-0.02
Commitment (CM)	4.61	0.25	**1.21**	0.37**	-0.13*	0.23**	-0.02	-0.13*
Neg. Emotion (NE)	3.40	0.16	0.62	**1.40**	-0.25**	-0.03	-0.24**	-0.10
Sat. w Process (Prc)	3.86	-0.13	-0.28	0.06	**1.84**	0.39**	0.59**	0.14*
Sat. w Doctor (Doc)	4.91	-0.08	0.40	0.06	1.02	**1.41**	0.50**	0.21**
Sat. w Clinic (Clin)	4.38	-0.06	-0.04	-0.50	1.59	1.03	**1.47**	0.37**
Stay w Clinic (Stay)	4.68	-0.04	-0.26	-0.22	0.41	0.45	0.85	**1.57**

*significant at the $p < 0.05$ level, **significant at the $p < 0.01$ level, $n = 252$

Correlations are above the diagonal, standard deviations are on the diagonal in bold, and covariances below the diagonal.

Data Analysis

Manipulation Checks: Checks of the perception of personal/impersonal communication source ("*The message regarding the closure of my doctor's practice was conveyed to me personally.*") and controllable/uncontrollable reason ("*The reason for closure of my doctor's practice was beyond his/her control.*") revealed that the subjects perceived these manipulations as intended. All manipulations were assessed on 7-point semantic differential scales. Results showed statistically significant differences (both

with $p < 0.0001$) in the expected direction between group means on questions about perceptions of communication source and controllability of the reason for leaving.

Table 9

Manipulation Checks - Study 1*

	Means Compared	t-stat.	Df
Communication Source Personal/Impersonal	5.28 vs. 3.37	7.824	238
Reason for Leaving Uncontrollable/Controllable	5.26 vs. 3.67	7.758	238

* p-values less than 0.0001

MANCOVA results: In order to determine the impact of the individual difference variable, Health Locus of Control (HLOC), a MANCOVA was performed on the dependent variables that were correlated with each other (see Table 8).[2] However, since HLOC was not significantly correlated to any dependant variable at an acceptable level (correlation > 0.20), a MANOVA was performed to assess differences in the experimental conditions. Results from the MANCOVA and MANOVA analyses were virtually identical, however only MANOVA results will be reported.

MANOVA results: Since the four of the five dependent variables were significantly correlated with each other (see Table 8), a MANOVA was performed on Satisfaction with the Process, Satisfaction with the Clinic, and Satisfaction with the

[2] In addition to assessing the impact of the individual difference variable HLOC, a second MANCOVA was performed that included "age" as a possible covariate. Although the subject's age was not originally predicted to be a factor that might influence the outcome of the analysis, it was determined that one might expect that older people may experience greater distress after their doctor closes his/her practice. However, a MANCOVA including age as a covariate indicated no significant impact ($p < 0.124$) on the dependent variables included in the study.

Physician, and Likelihood of Forming a New Relationship with Same Clinic. The results of this MANOVA are shown in Table 10.

TABLE 10

MANOVA Results – Study 1

Effect	Wilks' Λ	F-value	p-value	Eta^2
Commitment Level	0.884	7.583	0.001	0.121
Reason for Leaving	0.981	1.129	0.343	0.019
Communication Source	0.720	22.502	0.001	0.280
Commitment x Reason	0.984	0.934	0.445	0.016
Commitment x Source	0.953	2.822	0.026	0.047
Reason x Source	0.986	0.844	0.499	0.014
Commitment x Reason x Source	0.993	0.387	0.818	0.007

There were significant main effects at the multivariate level for Commitment Level ($p < 0.001$) and Communication Source ($p < 0.001$) as well as a significant two-way interactions for Commitment Level by Communication Source ($p < 0.026$). Follow-up ANOVA's were performed on the four dependent variables analyzed by MANOVA.

ANOVA results: Individual ANOVA's were performed on each dependent variable to determine if there were differences in reactions between (1) the two levels of commitment to the relationship, (2) the reason given for the dissolution (controllable versus uncontrollable), and (3) communication source (impersonal versus personal). The ANOVA results are reported in Tables 11, 13, 15, 17 and 19 for each dependent variable.

Negative Emotional Response

Table 11

ANOVA Results: Negative Emotional Response as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	48.860	27.351	0.001	0.105
Reason for Leaving	2.190	1.226	0.269	0.005
Communication Source	0.068	0.038	0.845	0.001
Commmitment x Reason	0.328	0.184	0.668	0.001
Commitment x Source	6.591	3.689	0.056	0.016
Reason x Source	0.152	0.085	0.771	0.001
Commitment x Reason x Source	0.199	0.111	0.739	0.001

There was one significant main effect of commitment level (supporting H1a) for negative emotional response. Patients who experience a higher level of commitment to their doctor-patient relationship will also experience higher levels of emotional distress (3.87 versus 2.96) when the relationship is dissolved. However, while there was a significant main effect of commitment level, there was also a moderately significant interaction effect ($F = 6.581$, $p < 0.056$) between commitment level and source of the communication (supporting H7a, H7b). The cell means for interpreting this interaction effect are reported in Table 12.

Table 12

Cell Means for Negative Emotional Response for Commitment by Communication Source Interaction

	Mean	Std. Dev.	n
Low Commitment			
Communication Source: Impersonal	2.72	1.27	48
Communication Source: Personal	3.16	1.23	44
High Commitment			
Communication Source: Impersonal	4.14	1.44	38
Communication Source: Personal	3.72	1.50	41

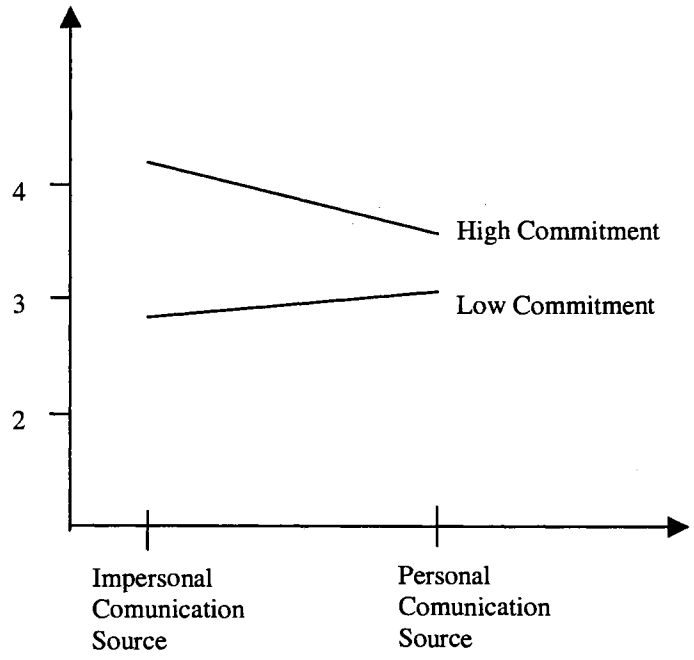
Contrary to predictions made in H7a, if the patient is highly committed to their doctor-patient relationship, there is no significant difference ($p < 0.209$) in their level of emotional response as a result of the manner in which they receive the news. This lack of sensitivity to the communication was predicted in H7b; that is, those patients who are not committed to the relationship will not be sensitive to the way the news is communicated about the dissolution and hence their level of distress will not change ($p < 0.10$) as a result of the manner in which the message is communicated.

The interaction effect between Level of Commitment and Communication Source can be seen when comparing the impact of receiving the news in an impersonal manner. When the news about the dissolution comes from an impersonal communication source, the highest level of emotional distress (mean = 4.14) occurs when the patient is highly committed to their doctor-patient relationship. This distress level is significantly greater ($p < 0.001$) than that felt by patients who are not committed to their doctor-patient relationship. The same pattern holds true when the communication source is personal. When the message about the dissolution is received in a personal manner, those patients

who are highly committed to their relationship are moderately more distressed ($p < 0.061$) than those patients who are not committed to their doctor-patient relationship.

Figure 5 illustrates the interaction effect between Level of Commitment and Communication Source on negative emotional reaction.

Figure 5. Commitment x Communication Source Interaction for Negative Emotional Response



Satisfaction with the Process

Table 13

ANOVA Results: Satisfaction with the Process as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	27.910	11.079	0.001	0.045
Reason for Leaving	5.407	2.146	0.144	0.009
Communication Source	178.138	70.713	0.001	0.232
Commitment x Reason	0.977	0.388	0.534	0.002
Commitment x Source	13.736	5.453	0.020	0.023
Reason x Source	0.295	0.117	0.733	0.001
Commitment x Reason x Source	0.764	0.451	0.502	0.002

There were significant main effects of Commitment Level (supporting H1b) and Communication Source (supporting H6) for Satisfaction with the Process. Patients are more dissatisfied with the dissolution process (means of 3.43 versus 4.11) if they are highly committed rather than indifferent about their commitment toward their physician. In addition, patients are also more dissatisfied with the dissolution process (means of 2.90 versus 4.50) if they receive the news about the dissolution in an impersonal rather than a personal manner.

However, the main effects for commitment and source of communication must be interpreted in the context of a significant two-way interaction effect between these two independent variables. There is a significant decline ($p < 0.001$) in levels of satisfaction with the dissolution process for patients that are highly committed to the relationship and receive the news about the dissolution impersonally (supporting H7a). However, contrary to H7b, the same pattern holds when a patient is not highly committed to their

doctor-patient relationship. Feelings of satisfaction toward the dissolution process for patients who are not committed are also impacted by the source of the communication. Specifically, patients who are not committed to their relationship have significantly higher levels of satisfaction concerning the dissolution process if they receive the news about the dissolution personally versus impersonally ($p < 0.001$).

In addition, if the information is received personally, the satisfaction levels concerning the dissolution process do not differ between commitment levels. However, when the news is conveyed in an impersonal manner, there is a significant difference ($p < 0.002$) between feelings of satisfaction with the process depending upon whether the patient was highly committed to their doctor-patient relationship.

Finally, satisfaction levels with the dissolution process across levels of commitment to the relationship do not differ significantly ($p < 0.70$) when the communication regarding the dissolution is delivered personally rather than impersonally.

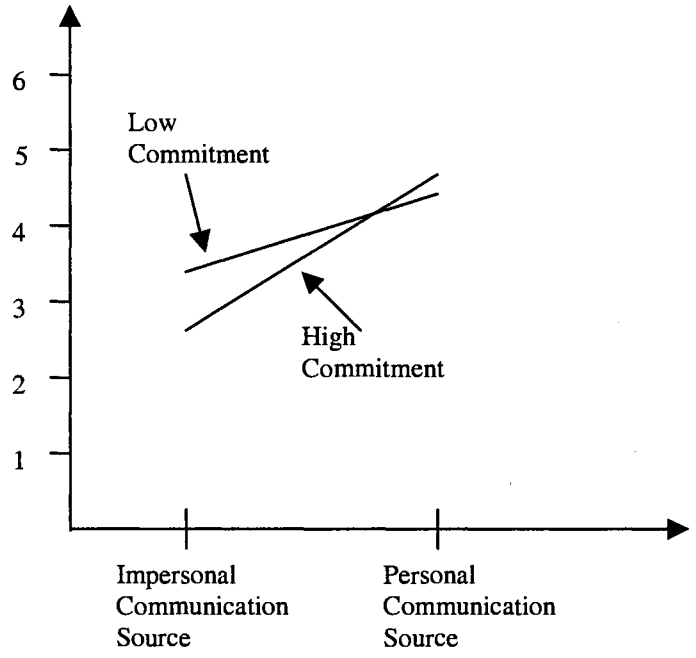
The cell means corresponding to these interaction effects are shown in Table 14 and Figure 6 illustrates these interactions pictorially.

Table 14

Cell Means for Satisfaction with the Process for Commitment Level by Communication Source Interaction

	Mean	Std. Dev.	n
Low Commitment			
Communication Source: Impersonal	3.55	1.57	50
Communication Source: Personal	4.13	1.15	44
High Commitment			
Communication Source: Impersonal	2.48	1.66	41
Communication Source: Personal	4.47	2.04	44

Figure 6. Commitment x Communication Source Interaction for Satisfaction with the Dissolution Process



Satisfaction with the Physician

Table 15

ANOVA Results: Satisfaction with the Physician as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	11.841	7.162	0.008	0.030
Reason for Leaving	5.879	3.556	0.061	0.015
Communication Source	45.151	27.310	0.001	0.105
Commitment x Reason	0.012	0.007	0.932	0.001
Commitment x Source	7.158	4.330	0.039	0.018
Reason x Source	1.350	0.817	0.367	0.003
Commitment x Reason x Source	0.142	0.086	0.770	0.001

There were significant main effects of Commitment Level (supporting H1b) and Communication Source (supporting H6) for Satisfaction with the Physician. In addition, there were marginally significant main effects of Reason for Leaving (supporting H4) for Satisfaction with the Physician. Therefore, patients have higher levels of satisfaction with their physician if they are highly committed to their physician (means of 4.47 versus 2.26), if they receive the news in a personal rather than an impersonal manner (means of 5.31 versis 4.44), and if they perceive the physician had no choice but to close his/her practice (means of 5.03 versus 4.72).

However, the main effects for Commitment Level and Communication Source must be interpreted in the context of a significant two-way interaction effect between these two independent variables. The means for interpreting this interaction are reported in Table 16.

Table 16

Cell Means for Satisfaction with the Physician for Commitment Level by Communication Source Interaction

	Mean	Std. Dev.	N
Low Commitment			
Communication Source: Impersonal	4.49	1.21	50
Communication Source: Personal	4.62	1.21	44
High Commitment			
Communication Source: Impersonal	4.71	1.62	41
Communication Source: Personal	5.91	1.10	43

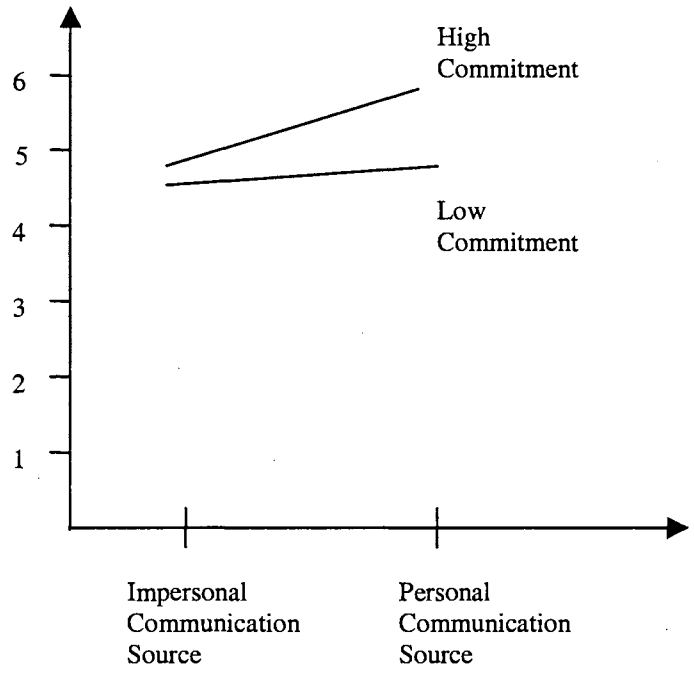
As predicted in H7a, there is a significant increase ($p < 0.001$) in levels of satisfaction with the doctor for patients that are highly committed to the relationship and receive the news about the dissolution personally (supporting H7a). However, patients

who are not committed to their relationship with their doctor are not effected ($p < 0.611$) by communication factors concerning the dissolution (supporting H7b).

In addition to the predicted interaction effects, there were significant differences ($p < 0.001$) in levels of satisfaction towards the physician across levels of commitment when the communication source was personal. In other words, when the message was received personally, patients who were highly committed to their doctor-patient relationship were much more satisfied with their doctor than those who felt indifference to their doctor-patient relationship.

Figure 7 illustrates these interaction effects.

Figure 7. Commitment x Communication Source Interaction for Satisfaction with the Physician



Satisfaction with Medical Clinic

Table 17

ANOVA Results: Satisfaction with the Medical Clinic as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	2.630	1.552	0.214	0.007
Reason for Leaving	2.629	1.552	0.214	0.007
Communication Source	95.907	56.604	0.001	0.195
Commitment x Reason	3.395	2.004	0.158	0.008
Commitment x Source	16.390	9.673	0.002	0.040
Reason x Source	0.026	0.016	0.901	0.001
Commitment x Reason x Source	0.764	0.451	0.502	0.002

There was a significant main effect of Communication Source (supporting H6) for Satisfaction with the Medical Clinic. However, this main effect is must be interpreted in the context of a significant two-way interaction effect between Commitment Level and Communication Source. The cell means for interpreting this interaction are reported in Table 18.

Table 18

Cell Means for Satisfaction with Medical Clinic for Commitment Level by Communication Source Interaction

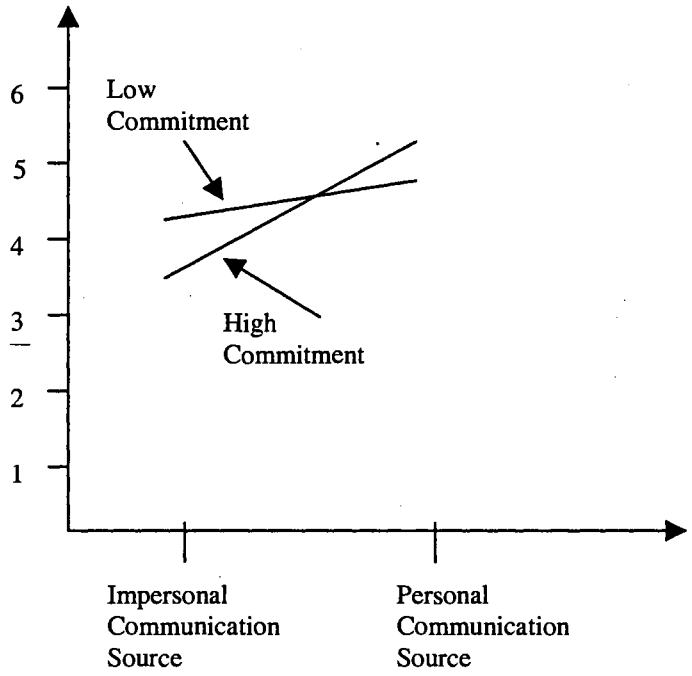
	Mean	Std. Dev.	N
Low Commitment			
Communication Source: Impersonal	4.19	1.26	50
Communication Source: Personal	4.75	1.16	44
High Commitment			
Communication Source: Impersonal	3.43	1.46	41
Communication Source: Personal	5.25	1.37	44

As predicted in H7a, there is a significant increase ($p < 0.0001$) in levels of satisfaction with the medical clinic for patients that are highly committed to the relationship and receive the news about the dissolution personally. However, contrary to predictions suggested in H7b, patients who are not committed to their relationship with their doctor are also concerned with the source of the communication about the dissolution ($p < 0.027$).

In addition to the predicted interaction effects, there were other significant differences in the satisfaction patients felt toward the medical clinic. When the news was conveyed in an impersonal manner, there was a significant difference across levels of commitment toward the relationship ($p < 0.010$). After receiving the news about the dissolution impersonally, patients who were highly committed to their doctor-patient relationship were much more dissatisfied with the clinic than those patients who were not committed to their doctor-patient relationship. On the other hand, when the news was conveyed in a personal manner, patients who were highly committed to their doctor-patient relationship had moderately higher ($p < 0.064$) positive feelings concerning the clinic than those who were not committed to their relationship.

Figure 8 illustrates these interaction effects.

Figure 8. Commitment x Communication Source Interaction for Satisfaction with Medical Clinic



Likelihood of Staying with Medical Clinic

Table 19

ANOVA Results: Likelihood of Staying with Medical Clinic as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	6.249	2.546	0.112	0.011
Reason for Leaving	0.025	0.010	0.920	0.001
Communication Source	2.964	1.207	0.273	0.005
Commitment x Reason	0.673	0.274	0.601	0.001
Commitment x Source	0.968	0.394	0.531	0.002
Reason x Source	5.568	0.205	0.130	0.010
Commitment x Reason x Source	0.794	0.323	0.570	0.001

There were no significant main effects for the dependent variable, Likelihood of Staying with the Service Firm.

Moderating Effects of Health Locus of Control

To determine the possible effects of an individual difference variable, Health Locus of Control (HLOC), a multi-item variable was created based on responses of subjects concerning the importance of the physician in their physical well being. The higher the subject's score, the higher the external locus of control felt toward their physician. It was hypothesized (H2a and H2b) that people with high would experience higher negative emotions and lower satisfaction levels after the dissolution of a doctor-patient relationship. Since no significant effects were found (see Table 9) at the multivariate level for this covariate, H2a and H2b were not supported.

Study 2 (Replication Study) - Hair Stylist/Client Relationship

Subject Population

A convenience sample of 366 undergraduate marketing students was solicited to participate in this study. The average age of the subjects was 23.44 years old and 57 percent were female. The context of Study 2 was the dissolution of a hair stylist/client relationship, and approximately one third of the participants had actually experienced the situation where their hair stylist left his/her salon.

Experimental Design

The study used a 2 x 2 x 2 factorial between-subjects design with two levels each of the following three independent variables: (1) commitment level (high/low); (2) reason for the dissolution (controllable: hair stylist did not have to leave; uncontrollable: hair

stylist had no choice about leaving); and (3) communication source (message was delivered in an impersonal manner/message was delivered personally). As in Study 1, the first independent variable, commitment level, was measured as the actual level of commitment the subject felt toward his/her hair stylist. This continuous variable was split into three equal parts, with the lowest third being labeled as "low commitment" and the highest third being labeled as "high commitment." The second and third independent variables were manipulated by changing the wording of a scenario describing a situation in which the subject's hair stylist announced the closing of his/her practice.

After reading brief instructions regarding the topic of the research and the importance of carefully reading the scenario, subjects were asked to read one of four different versions of a scenario describing the situation in which their hair stylist has decided to close his/her practice. Subjects were randomly assigned to each scenario. After reading the scenario, subjects were asked questions concerning their feelings regarding the dissolution process, their level of satisfaction with this stylist and the hair salon, and finally, the likelihood of forming a new relationship with someone at the same hair salon.

Measures

Focal Constructs: Identical constructs, with wording adapted for a hair stylist-client relationship, were replicated from Study 1. Internal reliabilities (Cronbach alpha's in parentheses) were as follows: **Relationship Commitment** ($\alpha = 0.91$), **Negative Emotional Response** ($\alpha = 0.87$), **Satisfaction with Seller** ($\alpha = 0.97$), **Satisfaction with the Service Firm** ($\alpha = 0.94$), and **Satisfaction with the Dissolution Process** ($\alpha = 0.93$) As in Study 1, **Likelihood of Staying with the Service Firm** was measured by a single

item: "How likely are you to choose a new hair stylist at this same salon to replace your stylist?" (highly unlikely/highly likely).

Individual Difference Variable - Covariate: Ten items (five avoidance of closeness with others and five overinvolvement with others) from Hardy and Barkham (1994) were used to assess interpersonal attachment style. A principal component factor analysis was performed with Varimax rotation resulted in the expected two factors with five items each. A scale composed of the five over-involvement items (called **High Attachment** with $\alpha = 0.86$) was formed by averaging the scores on the items and this scale was used as a covariate term in subsequent analyses.[3]

Relationships Between Key Variables: Table 20 shows means, standard deviations, intercorrelations, and covariances for the scale indices of all research variables for Study 2.

Table 20

Correlation/Covariance Matrix – Study 2

	Mean	AT	CM	NE	Prc	Styl	Salon	Stay
Attachment (AT)	3.01	**1.32**	-0.07	0.04	0.06	-0.07	-0.10	-0.03
Commitment (CM)	3.65	-0.14	**1.44**	0.48*	-0.18*	0.05	0.01	0.12*
Neg. Emotion (NE)	3.07	0.07	0.96	**1.39**	-0.29*	-0.14*	-0.22*	-0.13*
Sat. w Process (Prc)	3.84	0.13	-0.41	-0.63	**1.59**	0.40*	0.46*	0.20*
Sat. w Stylist (Styl)	4.76	-0.14	0.11	-0.29	0.95	**1.48**	0.51*	0.06
Sat. w Salon (Salon)	4.39	-0.18	0.01	-0.45	1.06	1.087	**1.44**	0.21*
Stay w Salon (Stay)	4.55	-0.08	-0.32	-0.33	0.58	0.15	0.57	**1.87**

*significant at the $p < .05$ level, $n = 157$

Correlations are above the diagonal, standard deviations are on the diagonal in bold, and covariances below the diagonal.

[3] The entire attachment scale was a ten item measure that also had high internal reliability ($\alpha = 0.89$). An additional ten-item index was formed for the entire scale and a second MANCOVA was performed using the full scale as a covariate. As in the case of the shorter five-item scale, this scale also had no impact ($p < 0.591$) on the dependent variables in this study.

Data Analysis

Manipulation Checks: Checks of the perception of personal/impersonal communication source ("*The message regarding the closure of my hair stylist's practice was conveyed to me personally.*") and controllable/uncontrollable reason ("*The reason for closure of my hair stylist's practice was beyond his/her control.*") revealed that the subjects perceived these manipulations as intended. All manipulations were assessed on 7-point semantic differential scales. Results showed statistically significant differences (both with $p < 0.0001$) in the expected direction between group means on questions about perceptions of communication source and controllability of the reason for leaving.

Table 21

Manipulation Checks - Study 2*

	Means Compared	t-stat.	df
Communication Source Personal/Impersonal	4.66 vs. 2.60	10.844	345
Reason for Leaving Uncontrollable/Controllable	5.61 vs. 3.91	8.710	345

* p-values less than 0.0001

MANCOVA results: In order to determine the impact of the individual difference variable, High Attachment, a MANCOVA was performed on the dependent variables that were correlated with each other (see Table 8). However, since High Attachment was not significantly correlated to any dependant variable, a MANOVA was performed to assess differences in the experimental conditions. Results from the MANCOVA and MANOVA analyses were similar, however only MANOVA results will be reported.

MANOVA results: Since four of the dependent variables are significantly correlated with each other, a MANOVA was performed the following four dependent variables: Negative Emotions, Satisfaction with the Process, Satisfaction with the Salon, and Satisfaction with the Stylist. The results of this MANOVA are shown in Table 22.

The MANOVA analysis indicated that there were significant main effects for all three independent variables, Commitment Level, Reason for Leaving, and Communication Source. In addition, there was a significant two-way interaction between Reason for Leaving and Communication Source.

Table 22

MANOVA Results – Study 2

Effect	Wilks' Λ	F-value	p-value	Eta^2
Commitment Level	0.626	32.742	0.001	0.374
Reason for Leaving	0.952	2.767	0.028	0.048
Communication Source	0.872	8.003	0.001	0.128
Commitment x Reason	0.976	1.361	0.249	0.024
Commitment x Source	0.982	0.991	0.413	0.018
Reason x Source	0.952	2.779	0.028	0.048
Commitment x Reason x Source	0.975	1.385	0.240	0.025

ANOVA results: Individual ANOVA's were performed to determine if there were differences in reactions between (1) the two levels of commitment to the relationship, (2) two reasons for the dissolution (controllable/uncontrollable), and (3) source of the communication (personal/impersonal) for the fifth dependent variable, Likelihood of Forming a New Relationship with Same Salon. In addition, follow-up univariate tests were performed on the four dependent variables analyzed by MANOVA (Table 22).

Univariate results using ANOVA are reported in Tables 23, 24, 26, 27, and 29 for each dependent variable.

Negative Emotional Response

Table 23

ANOVA Results: Negative Emotional Response as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	156.100	124.614	0.001	0.360
Reason for Leaving	0.089	0.071	0.790	0.001
Communication Source	3.910	3.121	0.079	0.014
Commitment x Reason	0.089	0.071	0.790	0.001
Commitment x Source	0.376	0.300	0.585	0.001
Reason x Source	3.405	2.718	0.101	0.012
Commitment x Reason x Source	0.177	0.141	0.707	0.001

There was one significant main effect of commitment level (supporting H1a) for negative emotional response. Clients who experience a higher level of commitment to their hair stylist-client relationship will experience higher levels of emotional distress (means of 3.77 versus 2.11) when the relationship is dissolved.

There was also one marginally significant ($p < 0.079$) main effect of communication source (supporting H6) for negative emotional response. Clients who received the news about the dissolution in an impersonal manner versus a personal communication will experience higher levels of emotional distress (means of 3.07 versus 2.81) when the relationship is dissolved. Since there were no significant interaction effects, H5a, H5b, H7a and H7b were not supported.

Satisfaction with the Stylist

Table 24

ANOVA Results: Satisfaction with the Stylist as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	0.118	0.061	0.806	0.001
Reason for Leaving	18.121	9.276	0.003	0.040
Communication Source	8.980	4.596	0.033	0.020
Commitment x Reason	7.827	4.006	0.047	0.018
Commitment x Source	0.281	0.144	0.705	0.001
Reason x Source	3.384	1.732	0.189	0.008
Commitment x Reason x Source	0.413	0.212	0.646	0.001

There were significant main effects of Reason for Leaving (supporting H4) and Communication Source (supporting H6) for Satisfaction with the Stylist. Clients who perceive that the reason for the stylist to close his/her practice was uncontrollable versus controllable felt higher levels of satisfaction (means of 5.17 versus 4.60) toward their hair stylist. In addition, clients who receive a personal rather than an impersonal message announcing the closure of the hair stylist's practice will experience higher levels of satisfaction with the hair stylist (means of 5.04 versus 4.70) after the relationship is dissolved.

The difference in means as a result of the Reason for Leaving must be viewed in the context of a significant two-way interaction between Commitment Level and Reason for Leaving. Table 25 shows the means corresponding to this two-way interaction.

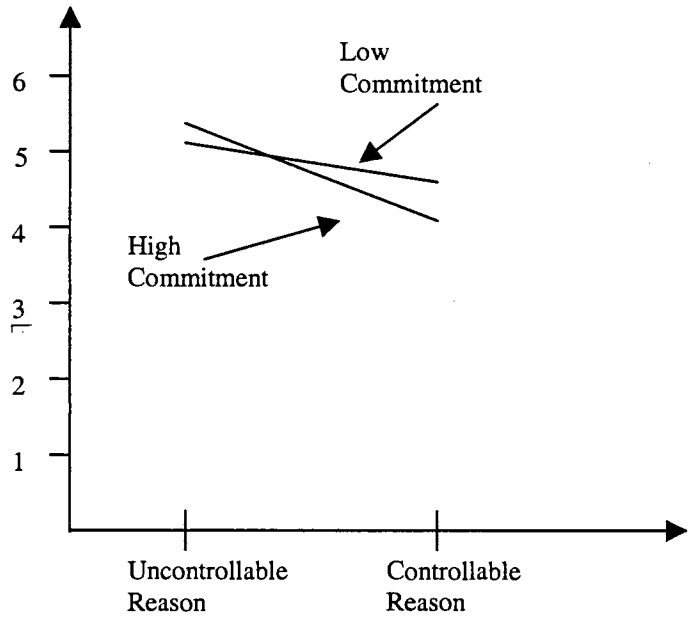
Table 25

Cell Means for Satisfaction with the Stylist for Commitment Level by Reason for Leaving Interaction

	Mean	Std. Dev.	N
Low Commitment			
Reason: Uncontrollable	4.97	1.06	50
Reason: Controllable	4.76	1.23	58
High Commitment			
Reason: Uncontrollable	5.38	1.52	67
Reason: Controllable	4.42	1.66	56

As predicted in H5a, clients who experience high levels of commitment to their relationship with their hair stylist will become significantly less satisfied ($p < 0.001$) if they perceive that the reason for the departure of their hair stylist to be controllable. Those clients who are indifferent about this relationship will not be concerned ($p < 0.353$) about the reason behind their hair stylist's leaving (supporting H5b). Figure 9 illustrates the above interaction between Commitment and Reason for Leaving.

Figure 9. Commitment x Reason for Leaving Interaction for Satisfaction with the Stylist



Satisfaction with the Process

Table 26

ANOVA Results: Satisfaction with the Process as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	32.184	14.887	0.001	0.063
Reason for Leaving	10.021	4.635	0.032	0.020
Communication Source	60.596	28.029	0.001	0.112
Commitment x Reason	3.749	1.734	0.189	0.008
Commitment x Source	5.067	2.344	0.127	0.010
Reason x Source	1.267	0.586	0.445	0.003
Commitment x Reason x Source	5.421	2.507	0.115	0.011

There were significant main effects of Commitment Level (supporting H1b), Reason for Leaving (supporting H4) and Source of Communication (supporting H6) for

Satisfaction with the Process. Clients who are highly committed to their relationship with their hair stylist will experience lower levels of satisfaction with the dissolution process (means of 3.47 versus 4.22) than those who are not committed to this relationship. Clients who feel that the stylist should have terminated the relationship (the closure was out of the stylist's control) will experience higher levels of satisfaction with the dissolution process (means of 4.05 versus 3.63) than those who perceive that the reason for ending the relationship was controllable. In addition, clients who receive a personal rather than an impersonal message announcing the closure of the hair stylist's practice will experience higher levels of satisfaction with the dissolution process (means of 4.36 versus 3.33) after the relationship is dissolved.

Since there were no significant interaction effects, H5a, H5b, H7a and H7b were not supported.

Satisfaction with the Salon

Table 27

ANOVA Results: Satisfaction with the Salon as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	1.210	0.633	0.427	0.003
Reason for Leaving	6.388	3.341	0.069	0.015
Communication	28.406	14.855	0.001	0.063
Commitment x Reason	7.740	4.048	0.045	0.018
Commitment x Source	0.942	0.493	0.483	0.002
Reason x Source	3.162	1.653	0.200	0.007
Commitment x Reason x Source	0.769	0.402	0.527	0.002

There was a significant main effect of source of communication (supporting H6) for Satisfaction with the Salon. Clients who receive a personal rather than an impersonal message announcing the closure of the hair stylist's practice will experience higher levels of satisfaction with the hair stylist (means of 4.76 versus 4.11) after the relationship is dissolved. In addition, there was a marginally significant ($p < 0.069$) main effect for Reason for Leaving (supporting H4) that should be interpreted in light of a significant two-way interaction between Commitment Level and Reason for Leaving (supporting H5a and H5b). The means corresponding to this two-way interaction are shown in Table 28.

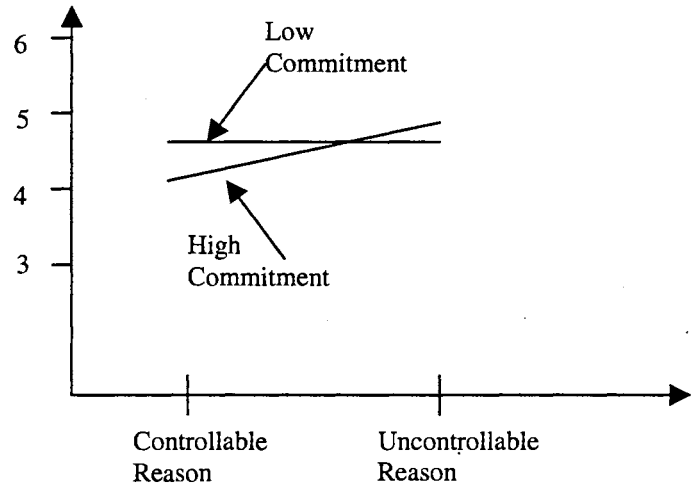
Table 28

Cell Means for Satisfaction with the Salon for Commitment Level by Reason for Leaving Interaction

	Mean	Std. Dev.	n
Low Commitment			
Reason: Uncontrollable	4.53	1.21	50
Reason: Controllable	4.53	1.31	58
High Commitment			
Reason: Uncontrollable	4.80	1.61	67
Reason: Controllable	4.00	1.44	56

As predicted, there is a significant increase in levels of satisfaction with the salon ($p < 0.005$) for clients that are highly committed to the relationship and perceive that the stylist had no control over the reason for dissolving the relationship (supporting H5a). In addition, as predicted in H5b, if clients are not committed to their relationship with their stylist the reason for the dissolution will not impact their levels of satisfaction with the salon ($p < 0.999$). Figure 10 illustrates the above interaction between Commitment and Reason for Leaving.

Figure 10. Commitment x Reason for Leaving Interaction for Satisfaction with Salon



Likelihood of Staying with Salon

Table 29

ANOVA Results: Likelihood of Staying at Salon as Dependent Variable

	Sum Sq.	F-stat.	p-value	Eta^2
Commitment Level	14.972	4.264	0.040	0.019
Reason for Leaving	0.018	0.005	0.943	0.001
Communication Source	11.163	3.179	0.076	0.014
Commitment x Reason	10.311	2.936	0.088	0.013
Commitment x Source	5.194	1.479	0.225	0.007
Reason x Source	21.454	6.110	0.014	0.027
Commitment x Reason x Source	2.222	0.633	0.427	0.003

There was a significant main effect of commitment level (supporting H1b). Clients who experience a higher level of commitment to their relationship with their hair stylist are also more likely to stay with the salon after the relationship is dissolved (means of 4.82 versus 4.31). There was also a marginally significant main effect ($p < 0.076$)

concerning the source of the communication (supporting H6). Clients who perceived that the source of the communication concerning the departure of their hair stylist was personal were more likely to return to the salon than those who perceived the communication source was impersonal (means of 4.79 versus 4.35).

The main effects for communication source should be interpreted in light of a significant two-way interaction effect between the controllability of the reason for the dissolution and whether the announcement was made personally or impersonally (Reason x Communication Source). This interaction was not predicted. The means corresponding to this two-way interaction are shown in Table 30.

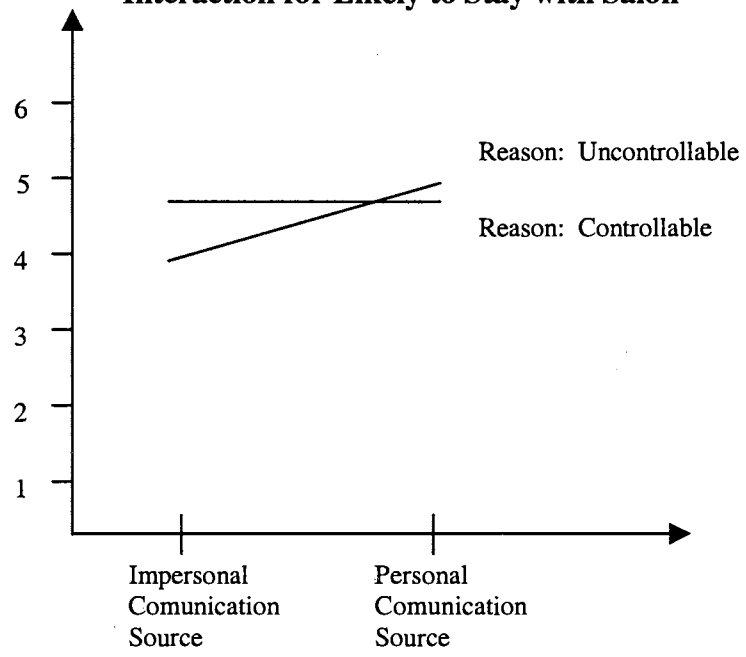
Table 30

Cell Means for Likelihood of Staying with Salon for Reason for Leaving by Communication Source Interaction

	Mean	Std. Dev.	n
Reason: Uncontrollable			
Communication Source: Impersonal	4.14	2.10	81
Communication Source: Personal	4.87	1.54	92
Reason: Controllable			
Communication Source: Impersonal	4.58	1.95	83
Communication Source: Personal	4.56	1.84	91

The means shown in the table above indicate that if the client perceives that the reason for dissolving the relationship was within the control of the hair stylist (controllable) then the source of the communication is not important ($p < 0.972$). However, there is a significant increase in the likelihood of the client staying with the hair salon ($p < 0.023$) if the reason for the departure appears to be out of the control of the hair stylist and the message is received personally. Figure 11 illustrates this interaction effect.

Figure 11. Reason for Leaving and Communication Source Interaction for Likely to Stay with Salon



CHAPTER V

GENERAL DISCUSSION

The purpose of this dissertation was to develop and test a conceptual model of relationship dissolution. The Relationship Dissolution Model was developed using an investment model framework. This model proposed that there are key structural antecedents (satisfaction with the seller, quality of alternative sellers, and amount investment in the relationship) to commitment to a buyer-seller relationship. This dissertation did not provide a test of these antecedents, but rather tested the impact that the dissolution of a buyer-seller relationship might have on the consumer.

An important assumption of this research is that the higher the level of commitment the seller has to an established buyer-seller relationship, the more severe the reaction, i.e. buyers will experience higher levels of distress and lower levels of satisfaction upon the dissolution of the relationship. The evaluation of the dissolution by the buyer may be modified by factors internal to the individual (personality factors or the perception of the cause of the dissolution) and factors external to the buyer (communication factors concerning the announcement of the dissolution). The dissolution factors and consequences of the Relationship Dissolution Model were tested in the context of the dissolution of two buyer-seller relationships, that between a client and his/her hair stylist and that between a patient and doctor.

Answers to Research Questions

Question 1: What is the impact buyer's reactions to the dissolution of a buyer-seller relationship in relation to (a) the level of commitment the buyer feels toward the relationship, (b) the reason for the dissolution, and (c) the communication source used to convey the news about the dissolution? In general, both studies suggest that the emotional response will be much more negative after a buyer-seller relationship has been dissolved when the buyer feels a high rather than low level of commitment to the relationship. In addition, those highly committed to their buyer-seller relationship will experience lower levels of satisfaction concerning the dissolution process than those who are not committed to their relationship.

If the reason for the dissolution is perceived to be controllable on the part of the service provider, consumers will experience lower levels of satisfaction with the service provider who has dissolved their buyer-seller relationship. Finally, consumers who receive the news about the dissolution in a personal rather than an impersonal manner are much more likely to feel satisfaction toward the dissolution process, the service provider who has terminated the relationship, and the service firm itself.

Question 2: What is the impact of individual difference variables on buyers' reactions after a buyer-seller relationship has been dissolved? Neither of the individual difference variables studied, locus of control or a consumer's tendency to form close attachments to others, was found to influence consumers' responses after the dissolution of a buyer-seller relationship.

Question 3: Do consumers' reactions to a dissolved relationship differ if they are highly committed to the relationship and (a) the communication source is personal rather

than impersonal or (b) the reason for the dissolution is controllable rather than uncontrollable on the part of the service provider? Results differed between studies. Patients who were highly committed to their doctor-patient relationship were sensitive to the way they found out about the dissolution. These patients were much more satisfied with the dissolution process, the physician, and the medical clinic if they received the news in a personal manner. Students who were highly committed to their hair stylist relationship, however, did not seem to care about the method of communication. On the other hand, students who were highly committed to their hair stylist relationship were influenced by the reason the hair stylist gave for leaving. These students were much more satisfied with the stylist and the hair salon if they perceived that the hair stylist had no choice but to close their practice.

Interpretation of Results by Hypotheses

Some results were consistent between the two dissimilar buyer-seller relationships examined in this dissertation: Study 1 (Doctor/Patient) and Study 2 (Hair Stylist/Client). Comparison of results from these two studies are summarized in Table 31. The right two columns identify specific dependent variables for which hypotheses were supported.

Hypothesis 1: As predicted, the buyers who experience high levels of commitment to their buyer-seller relationship will also experience higher levels of negative emotion upon the dissolution of that relationship (supporting H1a). This hypothesis was supported for both the doctor/patient and the hair stylist/client relationships. These negative feelings do not necessarily result in lower levels of satisfaction, however. In the case of the doctor/patient relationship (Study 1), those

patients who were very committed to their relationship with their doctor became dissatisfied with the dissolution process and their doctor.

Table 31

Summary of Hypotheses Results for Study 1 and 2

Hypothesis #		Study 1 Doctor	Study 2 Hair Stylist
1a.	Higher Commitment → Higher Negative Emotions	Neg. Emotions	Neg. Emotions
1b.	Higher Commitment → Lower Satisfaction	Sat. w Process Sat. w Doctor	Sat. w Process Likely to Stay
2a.	High HLOC & Commit. → Higher Negative Emotions	not supported	not tested
2b.	High HLOC & Commit. → Lower Satisfaction	not supported	not tested
3a.	High Attach. & Commit. → Higher Negative Emotions	not tested	not supported
3b.	High Attach. & Commit. → Lower Satisfaction	not tested	not supported
4.	Reason: Controllable → Higher Neg. Emotions and Lower Satisfaction	Sat. w Doctor	Sat. w Process Sat. w Stylist Sat. w. Salon
5a.	High Commit. & Reason: Controllable → Higher Neg. Emotions and Lower Satisfaction	not supported	Sat. w Stylist Sat. w Salon
5b.	Low Commit. & Reason → No effect	not supported	Sat. w Stylist Sat. w Salon
6.	Source: Personal → Lower Neg. Emotions and Higher Satisfaction	Sat. w Process Sat. w Doctor Sat. w Clinic	Sat. w Process Sat. w Stylist Sat. w Salon
7a.	High Commit. & Source: Personal → Lower Negative Emotions and Higher Satisfaction	Sat. w Process Sat. w Doctor Sat. w Clinic	not supported
7b.	Low Commit. & Source → No effect	Neg. Emotions Sat. w Doctor	not supported

Likewise, there were few carryover effects from negative emotion to satisfaction levels in the hair stylist/client relationship study (Study 2). While students may be upset about losing their hair stylist, these feelings only impact their levels of satisfaction with the dissolution process and the likelihood that they will remain at the salon after their hair stylist leaves. This lack of loyalty to the salon may be a function of the type of buyer-seller relationship and the age of the respondents in the study. Perhaps students have only had enough time to form a relationship with their individual hair stylist, but feel no particular commitment to the salon itself.

Hypotheses 2 and 3: Two potential moderating variables that might be applicable in a stressful experience such as the dissolution of a buyer-seller relationship were tested in Studies 1 and 2. The first moderating variable, Health Locus of Control, had no impact on the level of negative emotions experienced after a patient's relationship with his/her physician was terminated. It is possible that a patient's Health Locus of Control is too closely related to the level of commitment that is felt toward the physician. In fact, the only dependent variable that was significantly correlated with High HLOC was Commitment (see Table 8).

The second moderating variable, Attachment Level was also predicted to influence levels of emotional distress and satisfaction following the dissolution of a hair stylist/client relationship. As in the case of HLOC, Attachment Level had no impact on the dependent variables examined in this study. It is possible that students really have not had the opportunity to form high levels of attachment to their hair stylists. Results might have been different if the subjects for this study had been drawn from an adult population.

Hypothesis 4: Neither patients' nor students' emotions were affected by the reason given for closing the doctor's practice. Results were also the same between the two studies concerning their satisfaction with the service provider when evaluating the reason for the closure of the hair stylist/physician's practice. In both studies, buyers were more satisfied with the seller if the reason for leaving was beyond the control of the person who left (when compared with the situation that the seller really did not have to close his/her practice). It makes sense that both students and patients would "blame" the hair stylist or physician if they perceived that it was not really necessary to end the relationship.

In addition, students felt higher levels of satisfaction with the dissolution process and the salon itself if they perceived that the reason for the dissolution of the relationship was beyond the control of the hair stylist. Apparently students are more likely to place blame not only on the person making the decision, but also on the service firm. Students might feel that somehow the service firm was also responsible for the hair stylist leaving.

Hypothesis 5: In the case of the hair-stylist/client relationship, reactions to the reason for the dissolution differed depending upon whether the client felt a high or low level of commitment to the relationship. Specifically, clients who were loyal to their hair stylist become more dissatisfied with their stylist and hair salon if they learned that the reason for the dissolution was not necessary. In addition, clients who had no particular commitment to the relationship with their hair stylist did not seem to care about the reason for the departure of their hair stylist. These two interactions were predicted. One would expect that buyers who feel close ties to their service providers would be particularly sensitive to why this important relationship is ending. On the other hand,

those buyers who are not close to their service providers are less concerned about why the relationship is terminated.

This hypothesis was not supported in the case of the dissolution of a doctor-patient relationship, however. Perhaps patients feel that if a physician makes a decision to close his/her practice that there must be a good reason behind that decision. They already have placed a good deal of trust in their physician's expertise and are likely to give the physician the benefit of the doubt that he/she would not close the medical practice for a trivial reason. After all, closing a medical practice and opening a new practice in another community would obviously offer a hardship to the physician as well as the patient.

Hypothesis 6: The impact of personal versus impersonal communication source regarding the dissolution was consistent for both studies. Buyers who receive personal rather than impersonal communication experience greater levels of satisfaction with the seller, the service firm and the dissolution process. The consistency of this finding between studies implies that the source of the communication concerning the ending of a buyer-seller relationship may be very important not only to the seller who leaves, but also to the service firm.

Hypothesis 7: In the case of the doctor-patient relationship, however, reactions to the communication source differ depending upon whether the patient feels a high or low level of commitment to the relationship. Patients who are highly committed to their doctor-patient relationship experience much lower levels of satisfaction if they receive the news about the dissolution impersonally -- they expect much more from their

physician and become very unhappy with the dissolution process, the physician, and even the medical clinic (H7a).

The doctor-patient study also supported the idea that those patients who were not committed to their doctor-patient relationship were not particularly upset by whether they received the news about the dissolution of the relationship personally or impersonally (H7b). In addition, feelings of satisfaction toward the physician did not vary depending upon how they received the news about the dissolution for those patients with low levels of commitment to their physician.

Contrary to H7b, patients who were not committed to their doctor-patient relationship demonstrated the same pattern as those highly committed patients with respect to satisfaction felt about the dissolution process and the medical clinic. In other words, both highly committed patients and those with low commitment levels felt higher levels of satisfaction toward the dissolution process and the medical clinic if they received the news about the dissolution in a personal rather than impersonal manner. This, once again, emphasizes the positive impact of personal communications regarding the ending of a buyer-seller relationship.

Neither of these hypotheses was supported in the hair stylist-client relationship study. It stands to reason that people may not expect much in the way of communication from their hair stylist. Certainly hair salons do not have mailing lists with client addresses or even lists of telephone numbers. It follows, then, that the options for personal or impersonal communication are not as flexible in the case of a hair stylist as it is for a physician.

Limitations and Future Research

Adult Sample in Field Setting: Study 1 used a heterogeneous sample of adults that offered greater external validity than Study 2. Since surveys were distributed at an international airport, adults from all parts of the United States participated in the study. However, it was found that many young males did not have a relationship with any doctor and could not participate in the study. It is also possible that completing the questionnaire while sitting at an airport waiting area may not offer an ideal climate that would be free from distractions. In addition, the researcher self-selected respondents who did not appear to be "busy" while waiting in an airport waiting room. While respondents did not compose a random sample of the population, surveys were randomly distributed to the respondents.

Future research might attempt to find a more controlled, less distracting environment for distributing surveys to a heterogeneous adult sample.

College Student Sample: Study 2 used a homogeneous sample of college students which is a reasonable choice for theory testing purposes. However, the experiment asked the respondents to answer questions about their current relationship with their hair stylist. It is obvious that students in their early 20's are unlikely to have what would be considered a "close" relationship with their hair stylist. Next, the students were asked to imagine that their hair stylist had just announced the closure of his/her practice. This type of "imagined" experience is unlikely to cause a great deal of reaction on the part of many students.

Future research might attempt to survey older college, perhaps at the master's level, in order to include those people who have had more time to develop stronger buyer-seller relationships.

Differences in Sample Populations: The results of Study 1 and 2 are confounded since a homogeneous group (students) were used in the hair stylist-client relationship study and a heterogeneous group (non-students) were used in the doctor-patient relationship study. It is not possible to determine whether the differences in results are due to the composition of the subject population or the context of the relationship.

Future research might attempt to survey a heterogeneous, adult population in the hair stylist-client relationship context. As mentioned earlier, a homogeneous group of adult students could be solicited to participate in the doctor-patient study.

Scenario Manipulations and Experimental Design: Caution should be used in interpreting results based upon experiments that use scenario manipulations of independent variables. While this type of manipulation better insures controllability, drawbacks include the ability of respondents to relate to the scenario, past experiences that might impact their responses, and the possible lack of realism in the descriptions used in the scenario.

Future research might attempt to look at people who have actually experienced the dissolution of a relationship such as those employees who experience the change in insurance coverage and must terminate their relationship with their existing physician in order to join an Health Maintenance Organization. In addition, patients who have recently experienced the retirement of their physician would be excellent respondents in a study of the impact of a dissolved doctor-patient relationship.

Generalizability: To enhance its generalizability, the Relationship Dissolution Model should be tested using different buyer-seller relationships. The model could be expanded to include business-to-business relationships also. What is the impact on a small company when a large supplier determines that it is no longer profitable to continue an existing relationship? What dissolution process factors should be considered when a financial institution decides to eliminate individual investors from its client roster?

Other Variables: This research looked at only three factors that might impact buyer reactions to a dissolved buyer-seller relationship. Other potential factors such as alternative independent difference variables or how much warning the buyer is given to find a new service provider could be explored in future research.

Antecedents to Relationship Commitment: The antecedents to relationship commitment, while not directly applicable to relationship dissolution, should be tested using survey research. As shown in Table 1, there is no consistency in past research regarding antecedents to this important construct. The antecedents shown in Figure 2 have a strong theoretical foundation and offers a parsimonious set of variables that may predict the level of commitment a consumer would have to a buyer-seller relationship. If marketers understood the factors that result in buyers becoming committed to a relationship, resources could be expended in an efficient manner in order to build stronger relationships. Testing of this portion of the Relationship Dissolution should be conducted in a survey format in order to test the various linkages suggested in the model.

Conclusions

Although consumers may routinely switch service providers, the situation in which a seller dissolves a buyer-seller relationship has not received attention. This

research will help service providers understand the consequences such decisions may have on consumers. Results of this research indicate that buyers who experience high levels of commitment to an established buyer-seller relationship are particularly sensitive to the method of communicating the news about the dissolution and the reason for the ending of the relationship. If service providers understood the factors that lead to increased levels of distress following the dissolution of a buyer-seller relationship, perhaps steps could be taken to lessen the negative impact of the break-up.

This research suggests that consumers may become dissatisfied with the service firm if they receive communication about the departure of an employee of a service firm in an impersonal manner. An important implication, therefore, is that the service firm should "manage" the dissolution process by notifying clients/patients personally when an employee leaves the service firm. Personal interviews conducted with insurance companies and major medical clinics indicated that many service firms send personal letters to all clients/patients at least 90 days prior to the departure of the employee. This letter also explains the reason that the employee is leaving and provides advice regarding the transition to a new service provider within the firm.

Dissolution should not be seen as merely the ending of a relationship, but also as the beginning of a new relationship that must be formed as a result of the dissolution. The dissolution of a relationship may have an impact on the formation of a new relationship. Results of this research indicate that consumers who received an impersonal communication concerning the dissolution of their buyer-seller relationship were not only unhappy with the seller, but also were displeased with the service firm itself. An important marketing question is whether the sense of commitment that a buyer may feel

toward his/her relationship with an individual seller is related to a sense of loyalty to the service firm to which the seller is affiliated. It appears, therefore, that once consumers become dissatisfied with the seller, this displeasure carries over to dissatisfaction with the service firm.

REFERENCES

Achrol, Ravi S. (1991), "Evolution of the Marketing Organization: New Forms for Turbulent Environments," *Journal of Marketing*, 55: 77-93.

Adelman, Mara B.; Aaron Ahuvia, and Cathy Goodwin (1994), "Beyond Smiling: Social Support and Service Quality," in *Service Quality, New Directions in Theory and Practice*, Roland T. Rust and Richard L. Oliver (eds.), Thousand Oaks, CA: Sage, 139-71.

Aldwin, Carolyn M. (1994), *Stress, Coping, and Development: An Integrative Perspective*, New York: The Guilford Press.

Allen, N. J. and J. P. Meyer (1990), "The Measurement and Antecedents of Affective, Continuance, and Normative Commitment to the Organization," *Journal of Occupational Psychology*, 63: 1-18.

Altman, Irwin and Dalmas A. Taylor (1973), *Social Penetration: The Development of Interpersonal Relationships*, New York: Holt, Rinehart and Winston, Inc.

Anderson, Erin and Barton Weitz (1992), "The Use of Pledges to Build and Sustain Commitment in Distribution Channels," *Journal of Marketing Research*, 29 (February), 18-34.

Anderson, Erin and Barton Weitz (1990), "Determinants of Continuity in Conventional Industrial Channel Dyads," *Marketing Science* 8 (Fall), 310-23.

Anderson, James C. (1995), "Relationships in Business Markets: Exchange Episodes, Value Creation, and Their Empirical Assessment," *Journal of the Academy of Marketing Science*, 23 (Fall) 346-350.

Anderson, James C. and James A. Narus (1990), "A Model of Distributor Firm and Manufacturer Firm Working Partnership," *Journal of Marketing*, 54 (January), 42-58.

Anderson, James C. and James A. Narus (1986), "Toward a Better Understanding of Distribution Channel Working Relationships," in *Industrial Marketing: A German-American Perspective*, K. Backhaus and D. Wilson, eds., Berlin: Springer-Verlag, Inc., 320-36.

Anderson, James C. and James A. Narus (1984), "A Model of the Distributor's Perspective of Distributor-Manufacturer Working Relationships," *Journal of Marketing*, 48 (Fall), 62-74.

Bakeman, Roger and John M. Gottman (1986), *Observing Interaction: An Introduction to Sequential Analysis*, Cambridge: Cambridge University Press.

Baxter, Leslie A. (1985), "Accomplishing Relationship Disengagement", in *Understanding Personal Relationships*, Steve Duck and Daniel Perlman (eds), London: Sage Publications, 243-265.

Baxter, Leslie A. (1983), "Relationship Disengagement: An Examination of the Reversal Hypothesis," *The Western Journal of Speech Communication*, 47 (Spring), 85-98.

Baxter, Leslie A. and J. Philpott (1982), "Attribution-Based Strategies for Initiating and Terminating Relationships," *Communication Quarterly*, 30 (Summer), 217-24.

Berczeller, Peter H. (1994), *Doctors and Patients: What We Feel About You*, New York: Macmillan Publishing Company.

Berry, Leonard L. (1983), "Relationship Marketing," *Emerging Perspectives on Services Marketing*, Leonard L. Berry, G. Lynn Shostack, and Gregory D. Upah (eds.), Chicago, IL: American Marketing Association, 25-28.

Berry, Leonard L. and A. Parasuraman (1991), *Marketing Services: Competing Through Quality*, New York: The Free Press.

Berscheid, E. (1983), "Emotion," in *Close Relationships*, H. H. Kelley, E. Berscheid, A. Christensen, J. H. Harvey, T. L. Huston, G. Levinger, E. McClintock, L.A. Peplau, and D. R. Peterson (eds), New York: Freeman, 110-168.

Berscheid, E. (1982), "Attraction and Emotion in Interpersonal Relationships," in *Affect and Cognition: The 17th Annual Carnegie Symposium on Cognition*, M. S. Clark and S. T. Fiske (eds.), Hillsdale, NJ: Erlbaum.

Bitner, Mary Jo (1995), "Building Service Relationships: It's All About Promises," *Journal of the Academy of Marketing Science*, 25: 246-251.

Bloom, Bernard L., Shirley J. Asher; and Stephen W. White (1978), "Marital Disruption as a Stressor: A Review and Analysis," *Psychological Bulletin*, 85: 867-94.

Blum, Richard H. (1960), *The Management of the Doctor-Patient Relationship*, New York: McGraw-Hill Book Company, Inc.

Bowden, Charles S. and Alvin G. Burstein (1979), *Psychosocial Basis of Medical Practice: An Introduction to Human Behavior*, Baltimore, MD: The Williams & Wilkins Company.

Bowlby, J. (1969), *Attachment and Loss: Vol. 1, Attachment*, New York: Basic Books.

Bretherton, I. (1986), "Attachment Theory: Retrospect and Prospect," *Monographs of the Society for Research in Child Development*, 50: 3-35.

Buchanan, B. (1974), "Building Organizational Commitment: The Socialization of Managers in Work Organizations," *Administrative Science Quarterly*, 19: 533-46.

Christensen, D. and T. Giese (1988), "Assessment and Application of Patient Satisfaction Variables in Marketing a Psychiatric Practice," *Journal of Health Care Marketing*, 8 (September), 47-49.

Christie, Ronald J. and C. Barry Hoffmaster (1986), *Ethical Issues in Family Medicine*, New York: Oxford University Press.

Collins, II, James E. And Leslie F. Clark (1989), "Responsibility and Rumination: The Trouble with Understanding the Dissolution of a Relationship," *Social Cognition*, 7: 152-173.

Crosby, Lawrence A.; Kenneth R. Evans; and Deborah Cowles (1990), "Relationship Quality in Services Selling: An Interpersonal Influence Perspective," *Journal of Marketing*, 54 (July), 68-81.

Deber, Raisa B. (1994), "Physicians in Health Care Management 7. The Patient-Physician Partnership: Changing Roles and the Desire for Information," *Canadian Medical,* Duck, Steven W. (1982), "A Topography of Relationship Disengagement and Dissolution," in *Personal Relationships, 4: Dissolving Personal Relationships*, Steven Duck and Robin Gilmour, eds. New York: Academic Press, Inc.

Drigotas, S. M. and C. E. Rusbult (1992), "Should I Stay or Should I Go? A Dependence Model of Breakups," *Journal of Personality and Social Psychology*, 62: 62-87.

Duck, Steven W. (1982), "A Topography of Relationship Disengagement and Dissolution," in *Personal Relationships 4: Dissolving Personal Relationships*, Steven Duck and Robin Gilmour, ed., New York: Academic Press, Inc.

Duffy, S. and C. E. Rusbult (1986), "Satisfaction and Commitment in Homosexual and Heterosexual Relationships," *Journal of Homosexuality*, 12: 1-23.

Dwyer, F. Robert; Paul H. Schurr; and Sejo Oh (1987), "Developing Buyer-Seller Relationships," *Journal of Marketing*, 51 (April), 11-27.

Easton, Geoffrey and Luis Araugo (1989), "The Network Approach," in *Networks of Relationships in International Industrial Marketing, Advances in International Marketing, Vol. 3*, Lars Hallen and Jan Johanson, eds., Greenwich, CT: JAI Press, 97-119.

Edgman-Levitan, Susan (1993), "Providing Effective Emotional Support," in *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*, Margaret Gerteis, Susan Edgman-Levitan, Jennifer Daley and Thomas L. Delbanco (eds.), San Francisco, CA: Jossey-Bass Publishers, 154-77.

Emanuel, Ezekiel and Linda L. Emanuel (1992), "Four Models of the Physican-Patient Relationship," *Journal of the American Medical Association*, 267 (April 22), 2221-7.

Fehr, Beverly (1988), "Prototype Analysis of the Concepts of Trust and Commitment," *Journal of Personality and Social Psychology*, 55: 557-579.

Felmlee, D.; S. Sprecher, and E. Bassin (1990), "The Dissolution of Intimate Relationships: A Hazard Model," *Social Psychology Quarterly*, 53: 13-30.

Ferrell, D. and C. E. Rusbult (1981), "Exchange Variables as Predictors of Job Satisfaction, Job Commitment and Turnover: The Impact of Rewards, Costs, Alternatives, and Investments," *Organizational Behavior and Human Performance*, 27: 78-95.

Frazier, Patricia A. and Stephen W. Cook (1993), "Correlates of Distress Following Heterosexual Relationship Dissolution," *Journal of Social and Personal Relationships*, 10: 55-67.

Frazier, Gary L. (1983), "On the Measurement of Interfirm Power in Channels of Distribution," *Journal of Marketing Research*, 20 (May),158-66.

Frazier, Gary L. and John O. Summers (1986), "Perceptions of Interfirm Power and Its Use Within a Franchise Channel of Distribution," *Journal of Marketing Research*, 23 (May), 169-76.

Frazier, Gary L. and John O. Summers (1984), "Interfirm Influence Strategies and Their Application Within Distribution Channels," *Journal of Marketing*, 48 (Summer), 43-55.

Frijda, Nico H. (1988), "The Laws of Emotion", *American Psychologist*, 43: 349-58.

Frijda, Nico H., Andrew Ortony; Josep Sonnemans; and Gerald L. Clore (1992), "The Complexity of Intensity: Issues Concerning the Structure of Emotion Intensity," in *Emotion*, Margaret S. Clark (ed.), Newbury Park, CA: Sage Publications, 60-89.

Gaski, John F. (1984), "The Theory of Power and Conflict in Channels of Distribution," *Journal of Marketing*, 48 (Summer), 9-29.

Gladstein, Debra L. (1984), "Groups in Context: A Model of Task Group Effectiveness," *Administrative Science Quarterly*, 29 (December), 499-517.

Gronroos, Christian (1996), "Relationship Marketing: Strategic and Tactical Implications," *Management Decision*, 34: 5-14.

Gronroos, Christian (1990), "Relationship Approach to the Marketing Function in Service Contexts: The Marketing and Organizational Behavior Interface," *Journal of Business Research*, 20: 3-12.

Gundlach, Gregory T.; Ravi S. Achrol; and John T. Mentzer (1995), "The Structure of Commitment in Exchange," *Journal of Marketing*, 59 (January), 78-92.

Gundlach, Gregory T. and Patrick E. Murphy (1993), "Ethical and Legal Foundations of Relational Marketing Exchanges," *Journal of Marketing*, 57 (October), 35-46.

Hardy, Gilliam E. and Michael Barkham (1994), "The Relationship Between Interpersonal Attachment Styles and Work Difficulties," *Human Relations*, 47: 263-281.

Hays, Ron and M. Robin DiMatteo (1984), "Toward a More Therapeutic Physician-Patient Relationship," *Personal Relationships 5: Repairing Personal Relationships*, S. W. Duck (ed.), London: Academic Press, 1-20.

Hazan, C. and P. Shaver (1990), "Romantic Love Conceptualized as an Attachment Process," *Journal of Personality and Social Psychology*, 52: 511-524.

Hazan, C. and P. Shaver (1987), "Love and Work: An Attachment – Theoretical Perspective," *Journal of Personality and Social Psychology*, 59: 270-280.

Heide, Jan B. and George John (1990), "Alliances in Industrial Purchasing: The Determinant of Joint Action in Buyer-Supplier Relationships," *Journal of Marketing Research*, 19 (November), 517-524.

Johnson, Michael P. (1991), "Commitment to Personal Relationships," *Advances in Personal Relationships*, 3: 117-143.

Johnson, Michael P. (1982), "Social and Cognitive Features of the Dissolution of Commitment to Relationships," in *Personal Relationships 4: Dissolving Personal Relationships*, Steven Duck and Robin Gilmour, eds., New York: Academic Press, Inc., 51-73.

Keaveney, Susan M. (1995), "Customer Switching Behavior in Service Industries: An Exploratory Study," *Journal of Marketing*, 59 (April), 71-82.

Kelley, Harold H. (1977), "An Application of Attribution Theory to Research Methodology for Close Relationships," in *Close Relationships*, George Levinger and Harold L. Raush (eds., Amherst, MA: University of Massachusetts Press, 87-113.

Kelley, Harold H. (1971), *Attribution in Social Interaction*, New York: General Learning Press.

Kelley, Harold H. and J. W. Thibaut (1978), *Interpersonal Relations: A Theory of Interdependence*, New York: John Wiley & Sons.

Kelley, Scott W. and Mark A. Davis (1994), "Antecedents to Customer Expectations for Service Recovery," *Journal of the Academy of Marketing Science*, 22: 52-61.

Kindig, David A. and Thomas C. Ricketts (1991), "Determining Adequacy of Physicians and Nurses for Rural Populations: Background and Strategy," *The Journal of Rural Health*, 7: 313-26.

King, Stanley H. (1963), "Social Psychological Factors in Illness," in *Handbook of Medical Sociology*, Edward E. Freeman, S. Levene, and Leo G. Reeder (eds.), Englewood Cliffs, NJ: Prentice-Hall, Inc., 99-121.

Kingstrom, Paul O. (1983), "Patient Ties to Ambulatory Care Providers: The Concept of Provider Loyalty," *Journal of Health Care Marketing*, 3 (Spring), 27-34.

Koos, Earl L. (1954), *The Health of Retgionville*, New York: Columbia University Press.

Krantz, David S.; Andrew Baum, and Margaret V. Wideman (1980), "Assessment of Preferences for Self-Treatment and Information in Health Care," *Journal of Personality and Social Psychology*, 39 (November), 977-990.

Kumar, Nirmalya, Lisa K. Scheer, and Jan-Benedict E. M. Steenkamp (1995), "The Effects of Perceived Interdependence on Dealer Attitudes," *Journal of Marketing Research*, 32 (August), 348-356.

Larzelere, Robert E. and Ted L. Huston (1980), "The Dyadic Trust Scale: Toward Understanding Interpersonal Trust in Close Relationships," *Journal of Marriage and the Family*, 42 (August), 595-604.

Lazarus, R. S. (1991), *Emotion and Adaptation*, New York: Oxford University Press.

Leeds-Hurwitz, Wendy (1994), *Communication in Everyday Life: A Social Interpretation*, Norwood, NJ: Ablex Publishing Corporation.

Levinger, G. (1976), "A Social Psychological Perspective on Marital Dissolution," *Journal of Social Issues*, 32: 21-47.

Levinger, G. (1965), "Marital Cohesiveness and Dissolution: An Integrative Review," *Journal of Marriage & Family*, 27: 19-28.

Lewis, K. (1951), *Field Theory in Social Science*, New York: Harper.

Lijander, Veronica and Tore Strandvik (1995), "The Nature of Customer Relationships in Services," *Advances in Services Marketing and Management*, 4: 141-167.

Mahajan, Jayashree and Gilbert A. Churchill, Jr. (1988), "An Investigation into Alternative Contingency Approaches in Organizing the Selling Function," working paper, University of Wisconsin-Madison.

Marks, S. R. (1977), "Multiple Roles and Role Strain: Some Notes on Human Energy, Time and Commitment," *American Sociological Review*, 42: 921-936.

McWhinney, I. R. (1982), "Continuity of Care", *Journal of Family Practice*, 15-847.

Meyer, John P. and Natalie J. Allen (1991), "A Three Component Conceptualization of Organizational Commitment," *Human Resource Management Review*, 1: 61-98.

Meyer, John P., Natalie J. Allen and Catherine A. Smith (1993), "Commitment to Organizations and Occupations: Extension and Test of a Three-Component Conceptualization" *Journal of Applied Psychology*, 78: 538-551.

Miettilia, Aino and Kristian Moller (1990), "Interaction Perspective into Professional Business Services: A Conceptual Analysis," in *Research Developments in International Industrial Marketing and Purchasing*, R. Fiocca and I. Snehota (eds.), Proceedings of the 6th IMP Conference, Milan, Italy: University of Bocconi.

Miller, Gail (1985), "Not Just Any Doctor: Particularism and the Marketing of Services" in *Services Marketing in a Changing Environment*, Thomas M. Bloch, Gregory D. Upah, and Valarie A. Ziethaml (eds.), Chicago, IL: American Marketing Association, 135-137.

Mittal, Banwari and Walfried Lasser (1995), "The Disjunction between Satisfaction and Loyalty: Understanding When Satisfaction is Not Enough," paper presented at the "Frontiers in Services" Conference, October 5-7, Nashville, Tennessee.

Mohr, Jakki and John R. Nevin (1990), "Communication Strategies in Marketing Channels: A Theoretical Perspective," *Journal of Marketing*, 54 (October), 36-51.

Moorman, Christine; Gerald Zaltman and Rohit Deshpande (1992), "Relationships between Providers and Users of Market Research: The Dynamics of Trust Within and Between Organizations," *Journal of Marketing Research*, 29 (August), 314-328.

Morgan, Robert M. and Shelby D. Hunt (1994), "The Commitment-Trust Theory of Relationship Marketing," *Journal of Marketing*, 58 (July), 20-38. Mowday, R. T.; R. M. Steers and L. W. Porter (1979), "The Measurement of Organizational Commitment," *Journal of Vocational Behavior*, 14: 224-47.

Norris, F. H. and S. A. Murrell (1984), "Protective Function of Resources Related to Life Events, Global Stress, and Depression in Older Adults," *Journal of Health and Social Behavior*, 25: 424-437.

Oliver, Christine (1990), "Determinants of Interorganizational Relationships: Integration and Future Directions," *Academy of Management Review*, 15: 241-265.

Oliver, Richard L. and John E. Swan (1989), "Equity and Disconfirmation Perceptions as Influences on Merchant and Product Satisfaction," *Journal of Consumer Research*, 16 (December), 372-383.

Peabody, F. W. (1927), "The Care of the Patient," *Journal of the American Medical Association*, 88: 877.

Penchansky, Roy (1986), Patient-Provider Concordance: A Review and Conceptualization," *Medical Care Review*, 43 (Fall), 41-50.

Ping, Jr., Robert A. (1993), "The Effects of Satisfaction and Structural Constraints on Retailer Exiting, Voice, Loyalty, Opportunism, and Neglect," *Journal of Retailing*, 69 (Fall), 320-352.

Racer, Harley J. (1980), "Psychological Medicine and Family Practice," in *Psychological Factors in Health Care*, Michael Josepe, Joseph Neiberding, and Barry D. Cohen (eds.), Lexington, MA: D. C. Heath and Company, 25-38.

Ring, Peter Smith and Andrew H. Van de Ven (1994), "Developmental Processes of Cooperative Interorganizational Relationships," *Academy of Management Review*, 19: 90-118.

Rodin, Mariam J. (1982), "Non-engagement, Failure to Engage, and Disengagement," in *Personal Relationships 4: Dissolving Personal Relationships*, Steve Duck (ed), London: Academic Press, 31-49.

Rosenblatt, P. C. (1977), "Needed Research on Commitment in Marriage," in *Close Relationships: Perspectives on the Meaning of Intimacy*, G. Levinger and H. L. Raush (eds.), Amherst: University of Massachusetts Press, 73-86.

Rotter, Julian B. (1966), "Generalized Expectancies for Internal versus External Control of Reinforcement," *Psychological Monographs*, 80 (1, Whole No. 609).

Rusbult, Caryl E. (1983), "A Longitudinal Test of the Investment Model: The Development (and Deterioration) of Satisfaction and Commitment in Heterosexual Involvements," *Journal of Personality and Social Psychology*, 45: 101-117.

Rusbult, Caryl E. and D. Farrell (1983), "A Longitudinal Test of the Investment Model: The Impact on Job Satisfaction, Job Commitment, and Turnover of Variations in Rewards, Costs, Alternatives, and Investments," *Journal of Applied Psychology*, 68: 429-438.

Rusbult, Caryl E. Nancy A. Yovetch and Julie Verette (1996), "An Interdependence Analysis of Accommodation Processes," in *Knowledge Structures in Close Relationships: A Social Psychological Approach*, Fletcher, Garth J. O. and Julie Fitness (eds.), Mahwah, NJ: Lawrence Erlbaum Associates, Publishers, 63-90.

Scheer, Lisa K. and Louis W. stern (1992), "The Effect of Influence Type and Performance Outcomes on Attitude Toward the Influencer," *Journal of Marketing Research*, 29 (Feb), 128-142.

Schurr, Paul H. and Julie L. Ozanne (1985), "Influences on Exchange Processes: Buyers' Preconceptions of a Seller's Trustworthiness and Bargaining Toughness," *Journal of Consumer Research*, 11 (March), 939-53.

Scribnick, Richard L. and Wayne B. Scribnick (1994), *Smart Patient, Good Medicine: Working with Your Doctor to Get the Best Medical Care*, New York: Walker and Company.

Seabright, Mark A.; David A. Levinthal and Mark Fichman (1992), "The Role of Individual Attachments in the Dissolution of Interorganizational Relationships," *Academy of Management Journal*, 35 (March), 122-160.

Sheth, Jagdish N. and Atul Parvatiyar (1995), "Relationship Marketing in Consumer Markets: Antecedents and Consequences," *Journal of the Academy of Marketing Science*, 23 (Fall), 255-271.

Smith, Craig A. and R. S. Lazarus (1990), "Emotion and Adaptation," in *Handbook of Personality: Theory and Research*, L. A. Pervin (ed.), New York: Guilford, 609-637.

Smith, Craig A. and Lois A. Pope (1992), "Appraisal and Emotion: The Interactional Contributions of Dispositional and Situational Factors," in *Emotion and Social Behavior*, 32-62.

Smith, J. Brock and Donald W. Barclay (1997), "The Effects of Organizational Differences and Trust on the Effectiveness of Selling Partnerships," *Journal of Marketing*, 61 (January), 3-21.

Szasz, Thomas S. and Marc H. Hollender (1956), "The Basic Models of the Doctor-Patient Relationship," *Archives in Internal Medicine*, 97: 585-592.

Taylor, Shelley E. and Lisa G. Aspinwall (1996), "Mediating and Moderating Processes in Psychosocial Stress: Appraisal, Coping, Resistance, and Vulnerability," in *Psychosocial Stress: Perspectives on Structure, Theory, Life-Course, and Methods*, Howard B. Kaplan (ed.), San Diego, CA: Academic Press, 71-110.

Taylor, Shirley (1994), "Waiting for Service: The Relationship Between Delays and Evaluations of Service," *Journal of Marketing*, 58 (April), 56-69.

Thibaut, John W. and Harold H. Kelley (1959), *The Social Psychology of Groups*, New York: John Wiley & Sons.

Thompson, S. C. and S. Spacapan (1991), "Perceptions of Control in Vulnerable Populations," *Journal of Social Issues*, 47: 1-22.

Turnbull, Peter W. and David T. Wilson (1989), "Developing and Protecting Profitable Customer Relationships," *Industrial Marketing Management*, 18: 233-238.

Turner, Paul D. and Louis G. Pol (1995), "Beyond Patient Satisfaction," *Journal of Health Care Marketing*, 15 (Winter), 41-49.

Ulrich, Dave (1989), "Tie the Corporate Knot: Gaining Complete Customer Commitment," *Sloan Management Review*, 30 (Summer), 19-27.

Veatch, R. (1972), "Models for Ethical Medicine in a Revolutionary Age," *Hastings Center Report*, 2 (June).

Wallston, D. B. and K. A. Wallston (1978), "Locus of Control and Health: A Review of the Literature," *Health Education Monographs*, 6: 107-117.

Weiner, B. (1986), *An Attributional Theory of Motivation and Emotion*, New York: Springer-Verlag.

Weiss, Allen M. and Erin Anderson (1992), "Converting from Independent to Employee Sales Forces: The Role of Perceived Switching Costs," *Journal of Marketing Research*, 29 (Feb), 101-115.

West, Candace (1989), "Talcott Parsons' 'Sick Role' and Its Critiques," in *Perspectives in Medical Sociology*, Phil Brown (ed.), Belmont, CA: Wadsworth Publishing Company, 145-152.

Westbrook, Kevin W. (1994), "Assessing a Client/Seller Relational Quality Model for Financial Services," *Southern Marketing Association*, 75-80.

White, Bailey (1993), "Thanks, Doc, from the Bottom of My Heart, Arms, Knees, and Toes," *Smithsonian*, 24 (June), 128.

White, L. K. and A. Booth (1991), "Divorce Over the Life Course," *Journal of Family Issues*, 12: 5-21.

Wilder, H. B. and D. A. Chiriboga (1991), "Who Leaves Whom? The Importance of Control," in *Divorce, Crisis, Challenge, or Relief*, D. A. Chiriboga and L. S. Catron (eds.), New York: Basic Books, 47-68.

Wiener, Y. (1982), "Commitment in the Organization: A Normative View," *Academy of Management Review*, 7: 418-28.

Wilson, David T. (1995), "An Integrated Model of Buyer-Seller Relationships," *Journal of the Academy of Marketing Science*, 23 (Fall), 335-45.

Wilson, David T. and Venkatapparao Mummalaneni (1988), "Modeling and Measuring Buyer-Seller Relationships," unpublished working paper, Institute for the Study of Business Markets #3-1988, Pennsylvania State University.

Wilson, David T. and Venkatapparao Mummalaneni (1986), "Bonding and Commitment in Supplier Relationships: A Preliminary Conceptualization," *Industrial Marketing and Purchasing*, 1: 44-58.

Wilson, Robert N. (1963), "Patient-Practitioner Relationships," in *Handbook of Medical Sociology*, Howard E. Freeman, Sol Levine, and Leo G. Reeder (eds.), Englewood Cliffs, NJ: Prentice-Hall, Inc.

Winslow, Ron (1996), "Rough Passage: Switch to HMO Care Can Be Turbulent, As AT&T Case Shows," *Wall Street Journal*, May 9, pp. A1, A6.

Zeithaml, Valarie A. and Mary Jo Bitner (1996), *Services Marketing*, New York: McGraw-Hill Companies, Inc.

APPENDIXES

APPENDIX A

PILOT STUDY – COMPLETE SURVEY

Condition: Impersonal Communication Source and Controllable Reason

Client-Hairdresser/Barber* Relationship Study

Before we begin this study, we'd like for you to think about your current relationship with your "stylist". You might begin thinking about the last time you had your hair cut by your favorite stylist. Consider your relationship with this person. Think back to the good and bad haircuts you may have had, the conversations you remember, and your general feelings about the relationship you have developed. Thinking about this relationship please continue with this questionnaire.

In order to study the effects of the closure of a stylist's practice on his/her clients, we would like for you to imagine that the experience (scenario) described below actually happened to you. For the remainder of the survey, please imagine that your current hair stylist has just announced that he/she will be closing his/her practice. This is how you receive the "news":

SCENARIO: The Closure of Your Hair Stylist's Practice

You are reading your local newspaper when you come upon a block announcement that catches your eye. You are surprised to read that your hair stylist will be closing his/her practice within the next three weeks. Your stylist is closing his/her practice in order to join a larger salon located in California. The announcement offers no suggestions or advice to help you find a new hair stylist.

Please answer the following questions relating to what you imagine your feelings would be after learning that your stylist was closing his/her practice.

	Very Dissatisfied				Very Satisfied
Rate your level of satisfaction with the manner in which you were notified about the closure of your stylist's practice.	1	2	3	4	5
Rate your level of satisfaction with the advice you received about finding a new stylist.	1	2	3	4	5
Rate your level of satisfaction with the reason given by your stylist for closing his/her practice.	1	2	3	4	5
With regard to your overall relationship, please rate your level of satisfaction with your stylist.	1	2	3	4	5

* For simplicity, we will be referring to your hairdresser/barber as a "stylist" for the remainder of this study.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My relationship with my stylist has been an unhappy one.	1	2	3	4	5
The manner in which the message regarding the closure of my stylist's practice was very impersonal.	1	2	3	4	5
It really wasn't necessary for my stylist to close his/her practice.	1	2	3	4	5

Please answer the following questions about <u>your current hair stylist</u>.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The relationship with my stylist deserves my maximum effort to maintain.	1	2	3	4	5
The relationship with my stylist is something I really care about.	1	2	3	4	5
The relationship with my stylist is very much like being in a family.	1	2	3	4	5
My relationship with my stylist has been an unhappy one.	1	2	3	4	5
The relationship with my stylist is something I intend to maintain indefinitely.	1	2	3	4	5
The relationship with my stylist is of very little significance to me.	1	2	3	4	5
The relationship with my stylist is very important to me.	1	2	3	4	5
The relationship with my stylist is something I am very committed to.	1	2	3	4	5

	Highly Unlikely				Highly Likely
If you could do it all over again, how likely would it be for you to choose this stylist rather than another stylist?	1	2	3	4	5

	Highly Unlikely				Highly Likely
How likely is it that you would chose another stylist at this same salon to replace your stylist?	1	2	3	4	5

Rate your feelings regarding the salon with which your stylist is affiliated:

Dissatisfied	1	2	3	4	5	Satisfied
Displeased	1	2	3	4	5	Pleased
Unfavorable	1	2	3	4	5	Favorable

Please indicate the extent of each of the following emotions you would feel after learning that your current stylist was closing his/her practice (as described in the scenario).

	Not at All				To a Great Extent
anger	1	2	3	4	5
frustration	1	2	3	4	5
sad	1	2	3	4	5
disappointment	1	2	3	4	5
anxiety	1	2	3	4	5
apprehension	1	2	3	4	5
pleasure	1	2	3	4	5
relief	1	2	3	4	5

DEMOGRAPHIC INFORMATION ABOUT YOU

Male ___ Female ___ Age: ____ International Student? ___ no ___ yes

Please indicate how hard/easy it was for you to "imagine" your hair stylist had closed his/her practice.

Very hard	1	2	3	4	5	Very easy

Have you actually experienced the situation in which your hair stylist closed his/her practice (due to relocation, retirement, death, etc.)? ___ yes ___ no

Have you actually experienced the situation in which you had to change your hair stylist because you had to relocate (not including going to college)? ___ yes ___ no

Condition: Personal Communication and Uncontrollable Reason

Client-Hairdresser/Barber* Relationship Study

Before we begin this study, we'd like for you to think about your current relationship with your "stylist". You might begin thinking about the last time you had your hair cut by your favorite stylist. Consider your relationship with this person. Think back to the good and bad haircuts you may have had, the conversations you remember, and your general feelings about the relationship you have developed. Thinking about this relationship please continue with this questionnaire.

In order to study the effects of the closure of a stylist's practice on his/her clients, we would like for you to imagine that the experience (scenario) described below actually happened to you. For the remainder of the survey, please imagine that your current hair stylist has just announced that he/she will be closing his/her practice. This is how you receive the "news":

SCENARIO: The Closure of Your Hair Stylist's Practice

You are at your stylist's shop for a routine haircut and everything is going as expected until your stylist makes a surprise announcement. Your stylist tells you that he/she will be closing his/her practice within the next three weeks in order to take early retirement due to health problems. You are given detailed instructions and advice about how to locate a new stylist. Your stylist recommends some stylists within the same salon and a few that are not associated with this salon.

Please answer the following questions relating to what you imagine your feelings would be after learning that your stylist was closing his/her practice.

	Very Dissatisfied				Very Satisfied
Rate your level of satisfaction with the manner in which you were notified about the closure of your stylist's practice.	1	2	3	4	5
Rate your level of satisfaction with the advice you received about finding a new stylist.	1	2	3	4	5
Rate your level of satisfaction with the reason given by your stylist for closing his/her practice.	1	2	3	4	5
With regard to your overall relationship, please rate your level of satisfaction with your stylist.	1	2	3	4	5

* For simplicity, we will be referring to your hairdresser/barber as a "stylist" for the remainder of this study.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My relationship with my stylist has been an unhappy one.	1	2	3	4	5
The manner in which the message regarding the closure of my stylist's practice was very impersonal.	1	2	3	4	5
It really wasn't necessary for my stylist to close his/her practice.	1	2	3	4	5

Please answer the following questions about <u>your current hair stylist</u>.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The relationship with my stylist deserves my maximum effort to maintain.	1	2	3	4	5
The relationship with my stylist is something I really care about.	1	2	3	4	5
The relationship with my stylist is very much like being in a family.	1	2	3	4	5
My relationship with my stylist has been an unhappy one.	1	2	3	4	5
The relationship with my stylist is something I intend to maintain indefinitely.	1	2	3	4	5
The relationship with my stylist is of very little significance to me.	1	2	3	4	5
The relationship with my stylist is very important to me.	1	2	3	4	5
The relationship with my stylist is something I am very committed to.	1	2	3	4	5

	Highly Unlikely				Highly Likely
If you could do it all over again. how likely would it be for you to choose this stylist rather than another stylist?	1	2	3	4	5

APPENDIX B

STUDY 1 – COMPLETE SURVEY

Condition: Impersonal Communication Source and Controllable Reason

Welcome to the Doctor-Patient Relationship Study

Thank you for agreeing to participate in our study. The information you provide to us will be valuable to our research. It should take you about 6 minutes to answer these questions. Please take your time and don't skip any questions or sections – each question is important to us!

All of your responses will remain confidential. We will be asking only general demographic questions at the end of the survey.

This questionnaire is arranged in three sections. The first section asks you general questions about your attitudes regarding your health.

SECTION 1:

Please answer the following general questions about your attitudes about your health:

	Strongly Disagree			Neutral			Strongly Agree
The main thing that affects my health is what I myself do.	1	2	3	4	5	6	7
I am in control of my health.	1	2	3	4	5	6	7
If I take the right actions, I can stay healthy.	1	2	3	4	5	6	7
Regarding my health, I can only do what my doctor tells me to do.	1	2	3	4	5	6	7
Having regular contact with my physician is the best way for me to avoid illness.	1	2	3	4	5	6	7
My doctor controls my health.	1	2	3	4	5	6	7
Luck plays a big part in determining how soon I will recover from an illness.	1	2	3	4	5	6	7
Most things that affect my health happen to me by accident.	1	2	3	4	5	6	7
My good health is largely a matter of good fortune.	1	2	3	4	5	6	7

SECTION 2: In order to study various aspects of a doctor-patient relationship, we would like for you to answer a series of questions about your own relationship with your current physician. You might begin thinking about the last time you visited this doctor. We'd like for you to consider all aspects of your relationship with this person. Think back to the good and bad experiences you may have had, the conversations you remember, and your general feelings about the relationship you have developed. Thinking about this relationship with your doctor, please continue with this questionnaire.

Rate your feelings regarding ***your level of satisfaction*** with your current physician:
(circle one number on each line)

dissatisfied	1	2	3	4	5	6	7	satisfied
displeased	1	2	3	4	5	6	7	pleased
unfavorable	1	2	3	4	5	6	7	favorable

Rate your level of agreement/disagreement with the following statements about ***your relationship*** with your current physician:

	Strongly Disagree			Neutral			Strongly Agree
The relationship with my doctor deserves my maximum effort to maintain.	1	2	3	4	5	6	7
The relationship with my doctor is of very little significance to me.	1	2	3	4	5	6	7
The relationship with my doctor is something I am very committed to.	1	2	3	4	5	6	7
The relationship with my doctor is something I really care about.	1	2	3	4	5	6	7
The relationship with my doctor is very important to me.	1	2	3	4	5	6	7
The relationship with my doctor is very much like being in a family.	1	2	3	4	5	6	7
The relationship with my doctor is something I intend to maintain indefinitely.	1	2	3	4	5	6	7
If my doctor actually closed his/her practice, I would have many options for a new doctor of the same or better quality than my former doctor.	1	2	3	4	5	6	7
If necessary, it would be easy for me to replace my current doctor.	1	2	3	4	5	6	7
It would take me a great deal of time to find a doctor as good as the one I have now.	1	2	3	4	5	6	7

	Strongly Disagree			Neutral			Strongly Agree
My doctor has high integrity.	1	2	3	4	5	6	7
My doctor is perfectly honest and truthful.	1	2	3	4	5	6	7
My doctor can not be trusted at times.	1	2	3	4	5	6	7
My doctor can be trusted completely.	1	2	3	4	5	6	7
My doctor can be counted on to do what is right.	1	2	3	4	5	6	7
My doctor is someone that I have great confidence in.	1	2	3	4	5	6	7
My doctor has a strong impact on me.	1	2	3	4	5	6	7
I see my doctor for a wide variety of health problems and illnesses.	1	2	3	4	5	6	7
My doctor-patient relationship has lasted for a long time.	1	2	3	4	5	6	7
I tend to see my doctor quite often.	1	2	3	4	5	6	7
I consider my doctor to be a personal friend.	1	2	3	4	5	6	7
Personally, I like my doctor very much.	1	2	3	4	5	6	7
I usually don't ask my doctor many questions about what he/she is doing during a medical exam.	1	2	3	4	5	6	7
I'd rather have my doctor make the decisions about what's best rather than give me a lot of choices.	1	2	3	4	5	6	7
Instead of waiting to be told, I usually ask my doctor immediately after an exam about my health.	1	2	3	4	5	6	7
I trust my doctor rather than question what he/she is doing.	1	2	3	4	5	6	7
I have put a considerable amount of time and effort into building the relationship with my doctor.	1	2	3	4	5	6	7
A lot of energy has gone into maintaining the relationship with my doctor.	1	2	3	4	5	6	7
Overall, I have invested a lot in the relationship with my doctor.	1	2	3	4	5	6	7

SECTION 3: In order to study the effects the closure of a doctor's practice may have on his/her patients, we would like for you to imagine that the experience (scenario) described below actually happened to you. For the remainder of this survey, please imagine that your current doctor has just announced that he/she will be closing his/her practice. This is how you receive the "news":

SCENARIO: The Closure of Your Doctor's Practice

You are reading your local newspaper when you come upon the block announcement that catches your eye. You are surprised to read:

> To the Patients of Dr. _____:
> I would like to inform all of my patients that, while I have enjoyed many happy years at the medical clinic, I will be closing my practice within the next three months.
> I have decided to join another clinic in Arizona.

Please answer the following questions relating to what you imagine your feelings would be after learning that your doctor is closing his/her practice.

Rate your feelings regarding the **manner in which you learned about the closure** of your physician's practice. (circle one number on each line)

dissatisfied	1	2	3	4	5	6	7	satisfied
displeased	1	2	3	4	5	6	7	pleased
unfavorable	1	2	3	4	5	6	7	favorable

Rate your feelings regarding your level of **satisfaction with your physician** after the "closure" of his/her practice. (circle one number on each line)

dissatisfied	1	2	3	4	5	6	7	satisfied
displeased	1	2	3	4	5	6	7	pleased
unfavorable	1	2	3	4	5	6	7	favorable

Assume that your "real" doctor is affiliated with a medical clinic. How would you feel about the **medical clinic** after you receive the above communication: (circle one number on each line)

dissatisfied	1	2	3	4	5	6	7	satisfied
displeased	1	2	3	4	5	6	7	pleased
unfavorable	1	2	3	4	5	6	7	favorable

	Highly Unlikely			Neutral			Highly Likely
How likely are you to choose a new doctor at this same clinic to replace your doctor?	1	2	3	4	5	6	7

(1)

Please indicate the extent of each of the following emotions you would feel after learning that your current doctor was closing his/her practice (described in the scenario).

	Not at All						To a Great Extent
anger	1	2	3	4	5	6	7
frustrated	1	2	3	4	5	6	7
sadness	1	2	3	4	5	6	7
disappointment	1	2	3	4	5	6	7
anxiety	1	2	3	4	5	6	7
apprehension	1	2	3	4	5	6	7
pleasure	1	2	3	4	5	6	7
relief	1	2	3	4	5	6	7

DEMOGRAPHIC INFORMATION ABOUT YOU

Gender:
____ male
____ female

Age:
____ 18-29
____ 30-39
____ 40-49
____ 50-59
____ 60-69
____ 70+

Family Income:
___ less than $24,999
___ $25,000 - $49,999
___ $50,000 - $74,999
___ $75,000 - $99,000
___ over $100,000

Education:
___High School
___Some College
___College Degree
___ Graduate Degree

Place of residence: _____ Born in U.S.? ___ yes ___ no
City State

These three questions relate to the story (scenario) you read on the previous page about how you received the news about the "closure" of your doctor's practice.

	Strongly Disagree			Neutral			Strongly Agree
The message regarding the closure of my doctor's practice was conveyed to me personally.	1	2	3	4	5	6	7
The reason for closure of my doctor's practice was beyond his/her control.	1	2	3	4	5	6	7
	Very Hard						Very Easy
Please indicate how hard/easy it was for you to "imagine" your physician had closed his/her practice.	1	2	3	4	5	6	7

Have you actually experienced the situation in which your primary care doctor closed his/her practice (due to relocation, retirement, death, etc.)? ___ yes ___ no

PLEASE LIST ANY PARTICULAR THOUGHTS YOU MIGHT HAVE HAD AS YOU WERE COMPLETING THIS QUESTIONNAIRE:

_____

_____

_____

Condition: Personal Communication Source and Uncontrollable Reason

SECTION 3:
In order to study the effects the closure of a doctor's practice may have on his/her patients, we would like for you to imagine that the experience (scenario) described below actually happened to you. For the remainder of this survey, please imagine that your current doctor has just announced that he/she will be closing his/her practice. This is how you receive the "news":

SCENARIO: The Closure of Your Doctor's Practice

You are at your doctor's office for a routine exam and everything is going as expected until your doctor makes a surprise announcement. Although your doctor has enjoyed many happy years at this medical clinic, you are told that he/she will be closing his/her practice within the next three months because of health problems. He/she must relocate to the drier climate available in Arizona. You are given detailed instructions and advice about how to locate a new physician.

Please answer the following questions relating to what you imagine your feelings would be after learning that your doctor is closing his/her practice.

Rate your feelings regarding the **manner in which you learned about the closure** of your physician's practice. (circle one number on each line)

dissatisfied	1	2	3	4	5	6	7	satisfied
displeased	1	2	3	4	5	6	7	pleased
unfavorable	1	2	3	4	5	6	7	favorable

Rate your feelings regarding your level of **satisfaction with your physician** after the "closure" of his/her practice. (circle one number on each line)

dissatisfied	1	2	3	4	5	6	7	satisfied
displeased	1	2	3	4	5	6	7	pleased
unfavorable	1	2	3	4	5	6	7	favorable

Assume your "real" doctor is affiliated with a medical clinic. How would you feel about the **medical clinic** after you receive the above communication: (circle one number on each line)

dissatisfied	1	2	3	4	5	6	7	satisfied
displeased	1	2	3	4	5	6	7	pleased
unfavorable	1	2	3	4	5	6	7	favorable

	Highly Unlikely			Neutral			Highly Likely
How likely are you to choose a new doctor at this same clinic to replace your doctor?	1	2	3	4	5	6	7

(3)

APPENDIX C

STUDY 2 – COMPLETE SURVEY

Condition: Impersonal Communication Source and Controllable Reason

Client-Hairdresser/Barber* Relationship Study

Before we begin this study, we'd like for you to think about your current relationship with your "stylist". You might begin thinking about the last time you had your hair cut by your favorite stylist. Consider your relationship with this person. Think back to the good and bad haircuts you may have had, the conversations you remember, and your general feelings about the relationship you have developed. Thinking about this relationship please continue with this questionnaire.

Please answer the following questions about <u>your current hair stylist</u>.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The relationship with my stylist deserves my maximum effort to maintain.	1	2	3	4	5
The relationship with my stylist is something I really care about.	1	2	3	4	5
The relationship with my stylist is very much like being in a family.	1	2	3	4	5
My relationship with my stylist has been an unhappy one.	1	2	3	4	5
The relationship with my stylist is something I intend to maintain indefinitely.	1	2	3	4	5
The relationship with my stylist is of very little significance to me.	1	2	3	4	5
The relationship with my stylist is very important to me.	1	2	3	4	5
The relationship with my stylist is something I am very committed to.	1	2	3	4	5

* For simplicity, we will be referring to your hairdresser/barber as a "stylist" for the remainder of this study.

In order to study the effects of the closure of a stylist's practice on his/her clients, we would like for you to imagine that the experience (scenario) described below actually happened to you. For the remainder of the survey, please imagine that your current hair stylist has just announced that he/she will be closing his/her practice. This is how you receive the "news":

SCENARIO: The Closure of Your Hair Stylist's Practice

You are reading your local newspaper when you come upon a block announcement that catches your eye. You are surprised to read that your hair stylist will be closing his/her practice within the next three weeks. Your stylist is closing his/her practice in order to join a larger salon located in California. The announcement offers no suggestions or advice to help you find a new hair stylist.

Please answer the following questions relating to what you imagine your feelings would be after learning that your stylist was closing his/her practice.

	Very Dissatisfied				Very Satisfied
Rate your level of satisfaction with the manner in which you were notified about the closure of your stylist's practice.	1	2	3	4	5
Rate your level of satisfaction with the advice you received about finding a new stylist.	1	2	3	4	5
Rate your level of satisfaction with the reason given by your stylist for closing his/her practice.	1	2	3	4	5
With regard to your overall relationship, please rate your level of satisfaction with your stylist.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My relationship with my stylist has been an unhappy one.	1	2	3	4	5
The manner in which the message regarding the closure of my stylist's practice was very impersonal.	1	2	3	4	5
It really wasn't necessary for my stylist to close his/her practice.	1	2	3	4	5

	Highly Unlikely				Highly Likely
If you could do it all over again, how likely would it be for you to choose this stylist rather than another stylist?	1	2	3	4	5
How likely is it that you would chose another stylist at this same salon to replace your stylist?	1	2	3	4	5

Rate your feelings regarding the salon with which your stylist is affiliated:

Dissatisfied	1	2	3	4	5	Satisfied
Displeased	1	2	3	4	5	Pleased
Unfavorable	1	2	3	4	5	Favorable

Please indicate the extent of each of the following emotions you would feel after learning that your current stylist was closing his/her practice (as described in the scenario).

	Not at All				To a Great Extent
anger	1	2	3	4	5
frustration	1	2	3	4	5
sad	1	2	3	4	5
disappointment	1	2	3	4	5
anxiety	1	2	3	4	5
apprehension	1	2	3	4	5
pleasure	1	2	3	4	5
relief	1	2	3	4	5

DEMOGRAPHIC INFORMATION ABOUT YOU

Male ___ Female ___ Age: ____ International Student? ___ no ___ yes

Please indicate how hard/easy it was for you to "imagine" your hair stylist had closed his/her practice.

Very hard 1 2 3 4 5 Very easy

Have you actually experienced the situation in which your hair stylist closed his/her practice (due to relocation, retirement, death, etc.)? ___ yes ___ no

Have you actually experienced the situation in which you had to change your hair stylist because you had to relocate (not including going to college)? ___ yes ___ no

Condition: Personal Communication Source and Uncontrollable Reason

In order to study the effects of the closure of a stylist's practice on his/her clients, we would like for you to imagine that the experience (scenario) described below actually happened to you. For the remainder of the survey, please imagine that your current hair stylist has just announced that he/she will be closing his/her practice. This is how you receive the "news":

SCENARIO: The Closure of Your Hair Stylist's Practice

You are at your stylist's shop for a routine haircut and everything is going as expected until your stylist makes a surprise announcement. Your stylist tells you that he/she will be closing his/her practice within the next three weeks in order to take early retirement due to health problems. You are given detailed instructions and advice about how to locate a new stylist. Your stylist recommends some stylists within the same salon and a few that are not associated with this salon.

Please answer the following questions relating to what you imagine your feelings would be after learning that your stylist was closing his/her practice.

	Very Dissatisfied				Very Satisfied
Rate your level of satisfaction with the manner in which you were notified about the closure of your stylist's practice.	1	2	3	4	5
Rate your level of satisfaction with the advice you received about finding a new stylist.	1	2	3	4	5
Rate your level of satisfaction with the reason given by your stylist for closing his/her practice.	1	2	3	4	5
With regard to your overall relationship, please rate your level of satisfaction with your stylist.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My relationship with my stylist has been an unhappy one.	1	2	3	4	5
The manner in which the message regarding the closure of my stylist's practice was very impersonal.	1	2	3	4	5
It really wasn't necessary for my stylist to close his/her practice.	1	2	3	4	5

APPENDIX D

INSTITUTIONAL REVIEW BOARD (IRB) FORM

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD

Date:	April 6, 1999	IRB #: BU-99-018
Proposal Title:	"A MODEL OF RELATIONSHIP DISSOLUTION: ANTECEDENTS AND CONSEQUENCES OF A DISSOLVED BUYER-SELLER RELATIONSHIP"	
Principal Investigator(s):	Dr. John Mowen Mary Ann Hocutt	
Reviewed and Processed as:	Exempt	

Approval Status Recommended by Reviewer(s): Approved

Signature:

Carol Olson, Director of University Research Compliance — April 6, 1999 (Date)

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modification to the research project approved by the IRB must be submitted for approval. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

VITA

Mary Ann Hocutt

Candidate for the Degree of

Doctor of Philosophy

Thesis: A MODEL OF RELATIONSHIP DISSOLUTION: ANTECEDENTS AND CONSEQUENCES OF A DISSOLVED BUYER-SELLER RELATIONSHIP

Major Field: Business Administration

Biographical:

Education: Graduated from Ponca City High School, Ponca City, Oklahoma; received a Bachelor of Business Administration degree and a Bachelor of Science degree in Computer Science at the University of Central Oklahoma in 1978 and 1992, respectively. Received a Masters of Business Administration degree from the University of Central Oklahoma in 1991. Completed the requirements for the Doctor of Philosophy degree with a major in Marketing at Oklahoma State University in December, 1999.

Experience: Employed as a graduate assistant by Oklahoma State University, Department of Marketing, 1993 to 1998. Registrar and instructor at Heritage Hall School in Oklahoma City (1990 to 1993) and assistant to the dean of students at Casady School in Oklahoma City (1984 to 1990). Employment prior to 1984 included the following companies in Oklahoma City: Resource Recovery Systems, Market Data Research, the University of Oklahoma Health Sciences Center, and Connecticut General Insurance Company.

Professional Memberships: American Marketing Association, Academy of Marketing Science.