
FACETS OF SATISFACTION AND CLIENT'S LOYALTY TOWARD HEALTH CLUBS

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Abstract

AIM OF ABSTRACT/PAPER

To explore and describe the relationship between different facets of satisfaction and client's loyalty toward (a) health clubs and (b) physical activity.

THEORETICAL BACKGROUND

According to the International Health, Racquet & Sportsclub Association (IHRSA, 2011), the fitness industry is in good shape. In 2011, the American fitness industry generated revenues of US\$21.4 billion, since 51.4 million people have joined health clubs (IHRSA, 2011). The fitness industry is also growing in other markets around the world, such as Europe (Bodet, Meurgey, & Lacassagne, 2009) and South America (Ribeiro, 2013). As the number of health clubs increases, so increases the competition among them. Consequently, these organizations start to be concerned about marketing strategies to attract new clients and keep the current ones. Based on the argument that is cheaper to keep a client than attract a new one (Reichheld, 1993; Rosenberg & Czepiel, 1984), managers of health clubs have been focusing on increasing the loyalty of their clients.

Loyalty has been defined as a commitment to re-buy or re-patronize a preferred product/service consistently in the future (Oliver, 1999). Initial loyalty studies have focused exclusively on behavioral components of loyalty, such as repeated purchases over time (Day, 1969). Dick and Basu (1994) proposed that behavioral loyalty might represent a spurious form of loyalty; since then, attitudinal measures of loyalty have also been taken into account. Based on the theory of planned behavior (Ajzen, 1991), attitudinal loyalty should be an antecedent of behavioral loyalty (e.g., Canniere, Pelsmacker, & Geuens, 2009; Jones & Suh, 2000). Satisfaction has received special attention in the literature as an antecedent of attitudinal loyalty, because "both practitioners and academics understand that consumer loyalty and satisfaction are linked

inextricably” (Oliver, 1999, p.33). Despite that, sport participant literature has not provided empirical evidences about the relationship between different facets of satisfaction and loyalty of health club clients.

METHODOLOGY, RESEARCH DESIGN AND DATA ANALYSIS

We surveyed clients of four Brazilian health clubs with different sizes (one large, one medium, and two small clubs). Two-hundred and eight-seven clients (n = 287) responded a survey (49.5% females, and 48.8% males). Age of these clients varied from 18 to 68 (M = 29.7; SD = 9.6) and they reported practicing physical exercise at gyms 4 days a week, in average.

Structural equation modeling was applied to test a model where seven facets of satisfaction (personal performance, commitment, instruction, professional behaviors, social support, structure, and price) represented exogenous (independent) variables; and loyalty to the health club and loyalty to the activity practiced represented endogenous (dependent) variables. We adapted Riemer and Chelladurai’s (1998) athlete satisfaction questionnaire to measure the facets of satisfaction; and Garbarino and Johnson’s (1999) commitment scale to measure loyalty to clubs and activities. All the variables are first-order latent variables, represented by three or four items each. All items have the response format of a 7-point Likert scale. We analyzed the data using the two-step approach of Anderson and Gerbing (1988). Gender, age, household income, and size of the club were used as control variables.

RESULTS, DISCUSSION AND IMPLICATIONS

Confirmatory factor analysis showed acceptable fit indexes for the measurement model and good internal reliability for the scales (CFI = .921; TLI = .905; RMSEA = .076; Cronbach alphas varying from .817 to .929). The structural model had acceptable fit indices (CFI = .971; TLI = .988; RMSEA = .080). The average variance explained (AVE) varied from .571 to .817, indicating good convergent construct reliability (Fornell & Larcker, 1981). No item was eliminated due to poor factor loading. Facets of satisfaction explained 63.7% and 52.9% of the variance in loyalty to the health club and loyalty to the activity, respectively. Analyses of path coefficient showed that two facets of satisfaction were significant predictors of loyalty to the health club: Instruction (β = .432; p = .005) and social support (β = .533; p = .001). Only one facet was a significant predictor of loyalty to the activity: Social support (β = .407; p = .033).

Results of the current investigation showed that instruction and social support can predict attitudinal loyalty to the health club. From a practical point of view, health club managers should be especially concerned about the quality of the instruction and the opportunities to social interactions offered to members. Social support has an extra importance as it was a predictor of loyalty to the activity. The importance of social support for physical activities found support in the literature (Giles-Corti & Donovan, 2002; Rosenbaum & Massiah, 2007). Future investigations

should not discard other facets of satisfaction; rather, they should investigate a possible hierarchical relationship among them to predict loyalty. Examples of possible hierarchical models and further discussion about the current model should be offered in the presentation.

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