



# The effects of health value on healthful food selection intention at restaurants: Considering the role of attitudes toward taste and healthfulness of healthful foods

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## ABSTRACT

This study investigated restaurant customers' intent to choose healthful (e.g., low-fat or low-calorie) menu items using the value–attitude–behavior model. The sample was comprised of customers who had previously consumed these types of healthful items at a casual dining restaurant. Structural equation modeling was used to analyze data. Results revealed that customers' health values had a positive effect on attitudes and behavioral intentions and that customers' attitudes toward low-fat or low-calorie menu items positively influenced behavioral intentions. However, attitudes toward taste of healthful menu items exerted a greater impact on behavioral intentions to choose, recommend, and spread a positive word-of-mouth about those menu items. To meet customers' desire, restaurants should continue to focus on great-tasting healthful foods.

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## 1. Introduction

While obesity rates have not increased over the past decade in the United States, 35% of adults are still classified as obese (Ogden et al., 2014). Because obesity has been attributed, in part, to people's frequent eating out, restaurants have become a potential target for obesity prevention efforts (Ma et al., 2003; McCrory et al., 1999). Factors shown to positively affect consumer's restaurant food choices include: nutrition knowledge (Dickson-Spillmann and Siegrist, 2011); availability of healthful menu options (Longacre et al., 2012; Story et al., 2008); prices of healthful menu items (Horgen and Brownell, 2002; Wall et al., 2006); and consumer's eating habits (de Bruijin, 2010). In contrast, the effect of menu labeling on consumers' selection of healthful foods has been inconsistent (Elbel et al., 2009; Harnack and French, 2008; Harnack et al., 2008; Yamamoto et al., 2005).

Senauer (2001) proposed that to accurately analyze consumers' food consumption behaviors, it is necessary to account for psychological factors (e.g., attitudes, perceptions) that shape preferences and behaviors. Although values as antecedents of attitudes are

important (Rokeach, 1973), to date, they have received little attention. The value–attitude–behavior (VAB) model examines the effects of both values and attitudes on behavior and has been used to explain how an individual's perceived value affects actions through both direct and indirect influences of intervening attitudinal variables (Tudoran et al., 2009). Therefore, the primary purpose of this study was to apply the hierarchical VAB model to assess consumers' behavioral intentions related to healthful food selections at restaurants. More specifically, this study examined whether or not the value customers placed on health influenced their attitudes toward low-fat or low-calorie restaurant foods in terms of taste and healthfulness, and their behavioral intentions.

## 2. Literature review

### 2.1. Theoretical framework

The VAB model consists of three factors: values, attitudes, and behaviors. Value has been defined many ways, however, the underlying concept is that a value is a desirable and fundamental standard which guides people's actions. Another component of the VAB model, attitude, is “the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question” (Ajzen, 1991, p. 188). Ajzen (1991) demonstrated, through the theory of planned behavior (TPB), that attitudes are significant in

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predicting behavioral intention. Although attitudes resemble values in that both are abstract social cognitions, values are more fundamental than attitudes, indicating the following hierarchical ordering: values → attitudes → behaviors (Rokeach, 1973).

Within the VAB framework, we hypothesized that health value affects healthy eating intentions. Because limited research has been done on the impacts of health value and intent to choose healthful menu items at restaurants, we chose the VAB model to examine this construct. The VAB model has been extensively applied to a variety of behavior domains including healthy eating behaviors.

## 2.2. Health values and healthful food consumption

Tudoran et al. (2009) defined health value as “the degree to which individuals value their health” (p. 570). People perceive health value differently (Lone et al., 2009; Tromp et al., 2007). For example, in Tromp et al.’s study (2007), participants who reported higher health value were more likely to stop smoking than those reporting lower health value. Value guides people’s behaviors; therefore, because health values differ, health promoting behaviors also differ, such as selecting healthful foods.

Norman (1995) found a positive relationship between believing that performing health behaviors enhances health and actually carrying out health behaviors; this relationship was only found in the study group with high health value. Other researchers also demonstrated the positive roles of perceived health value in performing health-promoting behaviors (Gebhardt et al., 2001; Moorman and Matulich, 1993).

It is important to note that various terms have been used to convey concepts similar to health values including “health salience” (Fabrega and Roberts, 1972); “health consciousness” (Michaelidou and Hanssán, 2008); “health concerns” (Westcombe and Wardle, 1997); and “health involvement” (Olsen, 2003). Olsen (2003) employed the concept of “health involvement” and found positive effects of health involvement on fish consumption. Westcombe and Wardle (1997) studied the effects of diners’ health concern on their willingness to consume healthful foods and found that participants with more concerns about their health were less likely to be affected by taste when making food selections. Researchers have found that health concerns and health consciousness affect attitudes toward healthy eating and food selection (Hoefkens et al., 2011; Krystallis et al., 2003; Sun, 2008).

## 2.3. Healthfulness and taste of foods

Taste is an important factor when choosing food (Park, 2004; Seo, 2005). Regardless of money spent on a meal (Lee and Crange, 2007) or consumers’ nationalities (Carrillo et al., 2011; DiPietro et al., 2005; Honkanen and Frewer, 2009; Sun, 2008; Verbeke, 2006), the important role of taste in menu item selection has been found.

In exploring ways to reduce obesity, healthfulness has attracted increasing attention from the media, foodservice industry, and academia. Recently, customers have become more interested in the nutritional value of what they eat and these customer interests have been reflected in restaurant sales. According to the 2011 *Restaurant Industry Pocket Factbook* (National Restaurant Association, 2011), 71% of the respondents reported attempting to eat healthier at restaurants as compared to two years previous. Consistent with this, the top-selling entrées at Applebee’s during two months in 2011 were from the “Under-550-calorie menu” (Horovitz, 2011).

Even if healthfulness is an important factor in selecting menu items, concerns remain regarding taste (Lloyd et al., 1993). Raghunathan et al. (2006) found some customers had negative impressions about healthful menu items. These negative impressions were also noted in Kähkönen and Tuorila’s study (1998)

where consumers who were provided with low fat nutrient information expected the food to be less pleasant. Although customers have been willing to compromise taste for healthfulness, this willingness to compromise has decreased over time (Verbeke, 2006).

## 2.4. Healthful menu options at restaurants

Healthful menus are often contrasted to “regular” restaurant menus. Generally, healthful menus contain fewer “unhealthy” ingredients (e.g., fat or calories) and are cooked differently and/or contain substitute ingredients (Lee et al., 2010; Wu and Sturm, 2014). Facing criticism for contributing to the obesity crisis, restaurants have incorporated healthful foods into menus (Brandau, 2011). For example, Uno Restaurant Holding Corporation added healthful menu options and removed trans-fats (Scarpa, 2010). Other restaurants have developed specialty menus featuring low-calorie menu items (Ruggless, 2011).

In addition to providing healthful menu options, the restaurant industry encourages customers to eat healthy through various promotional strategies. Gregory et al. (2006) found that 44% of quick-service restaurant commercials focused on the healthful attributes of menu options and most restaurants, in the sample, provided nutrition information on websites. For example Wendy’s company website provides a calorie calculator to help customers modify calories by selecting various menu alternatives (Wendy’s, 2012).

According to Abdullah and Cheng (2001), sales of products low in calories reached \$40 billion in 1990. Glanz et al. (2007) reported that restaurant marketing executives defined healthful foods as low-fat and low-calorie and assumed that customers would share this same definition, thereby emphasizing that the foodservice industry focuses on low-fat and low-calorie menu options. Previous research has demonstrated customers’ interests in such foods. Hudson institute found that between 2006 and 2011, the number of low-calorie food and beverage servings consumed increased (2.5%), whereas the number of high calorie servings consumed decreased (4.2%) (Jargon, 2013). Crange et al. (2004) reported that consumers were more aware of fat and calories than other nutrient information, and Chen et al. (2006) found that two considerations for choosing healthful foods were fat content and calories. Therefore, this current study focused on low-fat or low-calorie foods among the healthful options offered by restaurants.

This research tested the hierarchical relationships among values, attitudes, and behavior based on the VAB model. Specifically, the purpose of this study was to investigate the effects of perceived health value on attitudes toward low-fat or low-calorie foods, particularly perceived taste and healthfulness, and behavioral intentions related to these foods. The specific research hypotheses were as follows:

- H1.** Customers’ perceived health values will have a positive effect on their attitudes toward taste of those menu items.
- H2.** Customers’ perceived health values will have a positive effect on their attitudes toward healthfulness of those menu items.
- H3.** Customers’ perceived health values will have a positive effect on their behavioral intentions regarding low-fat or low-calorie restaurants’ menu items.
- H4.** Customers’ positive attitudes toward taste of low-fat or low-calorie restaurant menu items will have a positive effect on their behavioral intentions regarding those menu items.
- H5.** Customers’ positive attitudes toward healthfulness of low-fat or low-calorie restaurant menu items will have a positive effect on their behavioral intentions regarding those menu items.

Fig. 1 shows the relationships proposed in this study.

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