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Buffet Diners Dining Behavior: A Proposed Preliminary Conceptual Model

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Abstract

Buffet service popularity lies with its distinct ability to offer ad libitum dining experiences especially when the price regime used pertains to the all-you-can-eat at one price. However, those appeals have been among major issues associated with food waste and overconsumption. In spite of those pressing issues, numerous research works conducted by employing quantitative approaches, so far have not fully captured and explained the underlying determinants behind buffet diners dining behaviors. Therefore, it calls for more qualitative-based research works conducted in this topic area. As part of the researcher's qualitative inquiry process, this conceptual paper's aims are to firstly explore important literatures pertaining to several underlying theories which help to shape the Integrative Behavioral Model (IBM). Following it, the potential of IBM is discussed thus highlighting its potential as an underpinning theory and as a guide in helping to better understand buffet dining behaviors. In doing so, past literatures related to behavioral studies are discussed within the realm of the model's constructs and its related model extensions as it related to buffet dining situations. At the end, this research paper concludes with future research implication through qualitative inquiry using the proposed preliminary IBM's conceptual model, taking into considerations the contextual nature of buffet-dining-related behavioural occurrence.

Keywords: Buffet, Dining Behavior, Ad Libitum, Overconsumption, Integrative Behavioral Model

Introduction

Buffet service is defined as serving various foods either in areas specifically catered for dining purposes or other designated areas, where foods are placed over special counters in serving containers before diners helping themselves and carrying the foods to their dining tables (Diedrichsen, 1972). Buffet service could be divided based upon different types of buffet settings

namely buffet for banquets, brunches, salad bars and desserts bars (Rande, 1996); as well as off-premise buffet for weddings or special events (Hansen & Thomas, 2005). For hotels, breakfast buffet will be part of daily operational setting (Lundberg, 1994); and during Ramadan month, breaking-fast buffet will be the annual feature throughout the Muslims' fasting month (Pirani & Arafat, 2015). In commercially run food and beverage outlets, the dominant buffet pricing regime adopted is the all-you-can-eat at one price as opposed to the price-per-gram which is largely found in institutionalized outlets (Miller & Pavesic, 1996).

Lundberg (1994) and Rande (1996) suggest that buffet service prominence in foodservice industry is characterized by its ability in serving to large crowds for a relatively short period. Diedrichsen (1972); and Drysdale and Aldrich (2002) further assert that buffet service also allow for various dishes to be artistically arranged and served attractively over buffet counters. Furthermore, two other buffet service major advantages pertain to its ability to provide broad food choices and freedom of portion size (Rande, 1996). However, with the varied food choices and freedom to decide on portion sizes, come the major issues associated with food waste and overconsumption. Despite the prevalence of the aforementioned issues, various research works conducted using quantitative approaches so far have not fully able to capture and explain the spectrum of underlying reasons behind buffet diners dining behaviors. This holds true especially with issues related to overconsumption and plate waste. Therefore, there are ample rooms for more qualitative-based research works to fill the gap. The researcher will employ a single case study methodology, involving four five-star hotels located in Kuala Lumpur metropolitan area. For each hotel, ten participants will be recruited, whom will be having buffet during their three-to-four-day-stay at the hotels, either attending seminars or courses. The unit of analysis in the study will be each of the buffet diner cum participant whom will voluntarily agree to be involved in the study. Data collection methods will be in the form of in-depth interviews (post-buffet dining), as well as video-recordings of participants' dining behaviors. As part of the qualitative inquiry process, this conceptual paper will largely explore the potential of theory of planned behavior, as an underpinning theory, to better understand the real reasons behind those issues. In doing so, past literatures related to behavioral studies are discussed within the context of ad libitum buffet dining environment.

Important Theories or Models That Describe Behavior

Philosophers and scientists claim that all knowledge is laden with theory and the same scenario also occurs in methods. These claims have raised salient questions pertaining to the role of theory in qualitative research. Some scholars have proposed that qualitative research could enhance understanding and expand the horizon of theoretical knowledge from the perspective of various disciplines (Mitchell and Cody, 1993). The same group of authors also argue that since qualitative inquiry is [mostly] inductive in reasoning, therefore its validity could be judged based on the extent to which the preconceived theory is absent from it.

The following are overviews of four related underlying theories or models which could potentially inform the research thus provide some insight into understanding buffet dining behaviour under studied, in one way or another. The first being the original Health Belief Model which claims that one is likely to alter his behaviour if there is a bona fide reason to do so (Becker, 1974). The same author elaborates that the model basically involves two main constructs, namely: behavioural

beliefs and perceived risk. Behavioural beliefs refer to one's beliefs of the costs and benefits by conducting a particular behaviour (Jin, Line, and Lee, 2017). In the case of buffet dining behaviour for a young, healthy and health-conscious adult, the construct could be manifested through the person's dilemma, whether to indulge with high calorie high tea buffet on her friend's birthday, or to stick with her healthy diet regime? The costs of consuming the buffet could merely be the guilty feeling of breaking her own strict diet, of not consuming too much of high fat and sugary diet. The benefits gained on the other hand could be in the form of hedonic value and the ability to relate better with her close friends on that special occasion, savouring the same types of food. In this case, perhaps she might choose the former due to her young age, good health and the rarity of the occasion. The second construct, perceived risk on the contrary involves one's perception of her vulnerability and severity of the consequences involved when the behaviour is failed to be conducted (Becker, 1974). This time around, take the case of a different young adult who is diabetic and happens to be invited to the same high tea. She might join the crowd but due to her vulnerable situation, managing her diabetes by refraining from indulging with the high tea menu, seems to be more of a responsible act. If she was to follow through with the high tea buffet, the consequences, could even be life-threatening. Ordering menu items suitable for diabetics, from the a la carte menu could be a more of a plausible option.

Social Cognitive Theory comprises of two important constructs namely self-efficacy and behavioural beliefs. Both constructs are known to predict one's performance of a particular behaviour (Bandura, 1986). Self-efficacy construct describes one's beliefs that he has the much needed skill and capabilities to conduct a behaviour in which he is interested to perform. On the same note, the individual also has the view that his performance of the behaviour is possible. Behavioural beliefs construct which lies in the Social Cognitive Theory on the contrary seeks to combine both the perceived risk and behavioural beliefs constructs which exist within the Health Belief Model, and it literally goes beyond that by presenting behavioural beliefs as either physical (for protection), social (to please others), or referring to self-standards. In both, the Social Cognitive Theory and the Health Belief Model, constructs are seen to directly predict behaviour performance (Fishbein, 2009).

The Theory of Reasoned Action (Fishbein & Ajzen, 1975) starts up on slightly different note compared to both Health Belief Model as well as the Social Cognitive theory. The same authors argue that one's intention to conduct a behaviour is the crucial construct in forecasting the delivery of a particular behaviour. Furthermore, the construct of behavioural intention depends largely on one's attitude towards performing the behaviour (i.e. whether he has positive or negative feelings over the behavior), and one's subjective/injunctive norm regarding that behaviour (i.e. how referent or important persons in one's life view, when he actually conducts the behaviour). Major critics of this theory posit that it only deals with volitional type of behaviors which limits its application in the real world in which one's behaviors also involve both volitional and non-volitional determinants (Conner & Armitage, 2006; and Idris, Moghavvemi & Musa, 2015).

In the case of the Theory of Planned Behaviour (Ajzen, 1991), this theory is actually an improved version of the Theory of Reasoned Action. The improvement is manifested by presenting the

behavioural intention construct to perform a behaviour as a function of one's perceived behavioural control, in addition to one's attitude and subjective norms already existed in the Theory of Reasoned Action. Interestingly, perceived behavioural control in this theory shares some degrees of similarities to the self-efficacy construct existed in the Social Cognitive Theory (Ajzen, 1991; and Fishbein, 2009), which translates into one's beliefs that he has the skills and knowledge to perform the behaviour, and that his ability to perform the prescribed behaviour is possible (Bandura, 1986). However, one obvious deficiency of the Theory of Planned Behavior is due to its ability to only predict one's action based on certain number of criteria, whereas in the real world, one does not always necessarily behave as predicted by those set of criteria. In addition, the utility of those theories also suffer from issues related to its cognitive basis. In another word, many health behaviors (ie. overconsumption), in the real world, also could be influenced by irrational determinants or even non-cognitive determinants (ie. emotions and compulsions), and influences of one's physical and psychosocial environments (Institute of Medicine, 2002).

As an answer to those theories deficiencies, the Integrative Behavioral Model (IBM) has been established and its strength lies with its ability to better predict behaviour change (Montano & Kasprzyk, 2015) by integrating all the four aforementioned theories or models while addressing issues pertaining to overlapping constructs. Differences between them are attended to, and building on the latest Theory of Planned Behaviour by taking in the non-cognitive and external factors that influence behaviour (Fishbein, 2009). The model was developed in the conjunction with a National Institute of Mental Health workshop, which took place in 1992 (Sallis & Owen, 2015).

In the IBM (see Figure 1.0), among five of the constructs which directly contribute toward the performance of one's behaviour, the construct of intention is viewed as the most potent predictor of behaviour, as one is unlikely to conduct a behaviour without having the motivation to do so (Montano & Kasprzyk, 2015). The model could potentially give a more 'holistic' view of the buffet dining phenomena, being studied. IBM (Fishbein & Ajzen, 2009) acknowledges one's habits; his knowledge as well as skills to conduct a particular behaviour; the importance of the behaviour within his daily routine; and the environmental constraints that could affect his efforts in performing the behaviour. Technically, IBM model is also built on the basics of the Theory of Planned Behaviour (Ajzen, 1991), but it goes one step further by recognizing the existence of additional factors which influence the individual's behaviour beyond intention to conduct that behaviour (Fishbein, 2009). IBM is a model that gives due respect to the fact that an individual's social context, physical environment and public policies influence his ability to conduct specific health behaviour (Sallis & Owen, 2015).

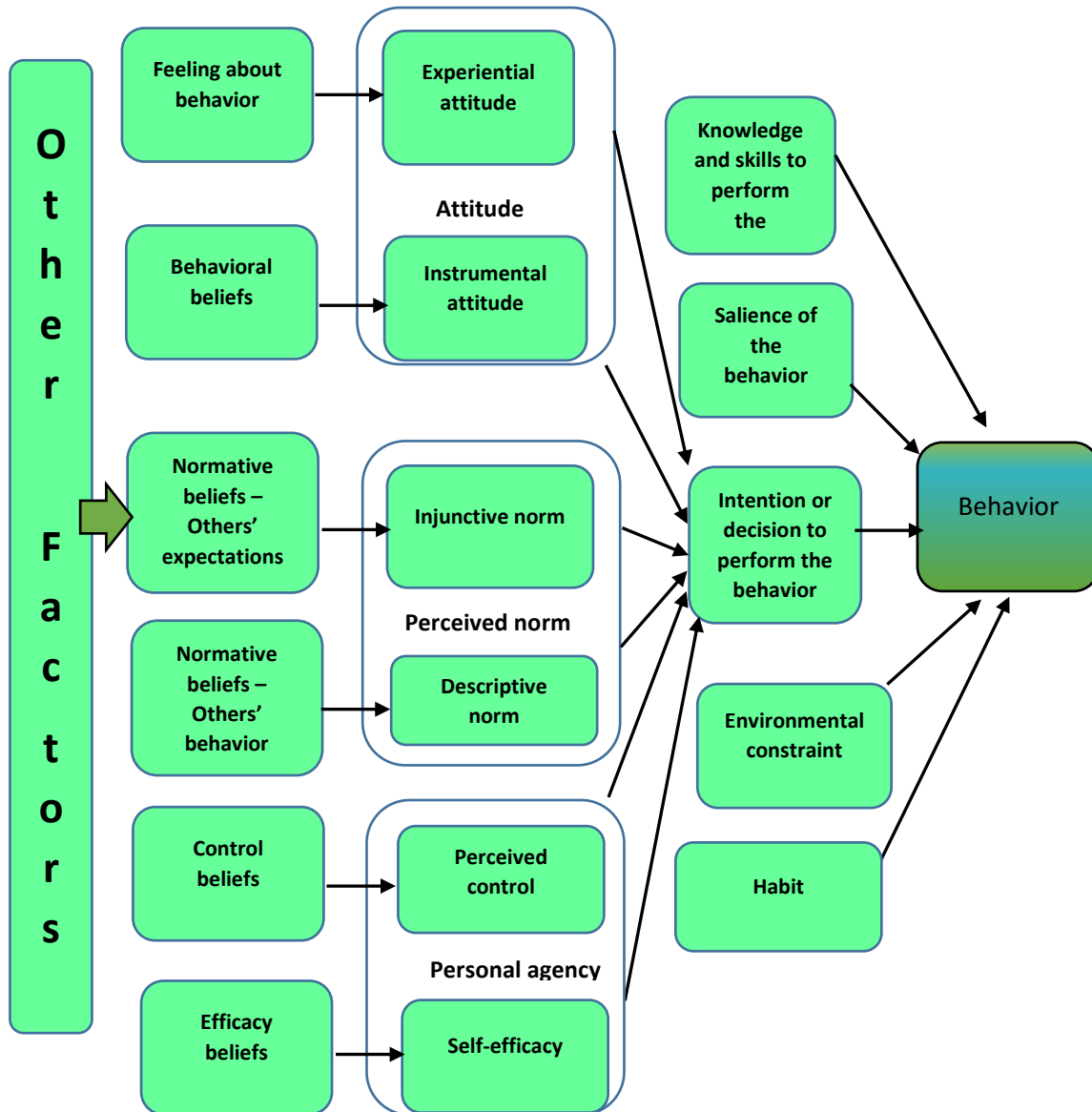


Figure 1: Integrative Behavioral Model

Primary Concepts of IBM

IBM further entertains the notion that one's intention may not always predict his carrying out the behaviour. Developers of the IBM agree that "a lack of necessary skills", "environmental constraints" and "unanticipated barriers", could influence one's actual action of the behaviour (Fishbein, 2009; Institute of Medicine, 2002). Through the IBM's lenses, one's likelihood to perform a behaviour depends on whether one's having a "strong intention to perform" that particular behaviour; the behaviour being "salient" or either cued; as well as the "knowledge and skill" so that he is encouraged to actually perform the behaviour; there being limited "environmental constraints" toward performing the behaviour; as well as individual "habit" indicating whether the individual has performed the behaviour in the past (Montano & Kasprzyk, 2015). It is clear that, experience in conducting a behavior, as in the case of an avid buffet goer,

may somehow be indicative of knowledge and skill to perform it, and might altogether turn into a habitual practice, thus curtailing the effect of intention on predicting a particular behaviour. As mentioned previously, IBM utilizes five constructs to predict behaviour, namely: environmental constraints; knowledge and skills; salience; and habit; as well as intention, which is the sole predictor in other health models. At present, intention is the only construct that appears to be well-defined through factors namely: personal agency, attitude and perceived norms.

The Reasons for Choosing IBM to Guide the Qualitative Inquiry

IBM is a continuously improved model which builds on the Theory of Planned Behaviour by including the non-cognitive as well as external factors that have an influence on expression of health-related behaviours (ie. buffet overconsumption, eating food detrimental toward health, etc.) (Fishbein, 2009). “Discounting” intention as the key factor towards choosing a dish or behaving in certain manner during ad libitum buffet dining, it suggests that an individual’s knowledge and skills, the salience of the meal offering, the environmental constraints around the meal offering, and the habit of choosing the meal all could potentially have an impact toward decision-making involving buffet dining behaviour. Chance, Gorlin and Dhar (2014) state that both intentions as well as actions are not always consistent. They claim that it is because resisting temptation requires quite an amount of effort such as attention and willpower, in which for an average person, those temptation-resistance qualities are often in short supply.

Taking into account of IBM, with its five constructs of knowledge as well as skills, salience, intention, environmental constraints, and habit, it invites the researcher to come up with a question on what those five constructs are meant to predict? Is it a satisfactorily good buffet food choice? Or a poor one? For instance, having roast lamb with colleagues (as part of a buffet package meal), as a way to celebrate the success of completing a course with final dinner after staying for 2-3 days sitting through a professional course in a hotel. One should anticipate increased salience of the roast lamb; perhaps as the most important dish at the buffet line. It is expected that he has the intention of savouring the roast lamb whether in small or significantly larger amount, depending on his willpower and the charm of the roast lamb carver, the hotel’s staff. It is also expected that the environmental constraints to be minimized as the entire dinner buffet would probably engage on having the freshly carved roast lamb. How would this compare with having roast lamb that is not freshly carved, just simply pre-arranged on a chafing dish insert, and merely placed in the food warmer at the buffet line, on an ordinary dinner buffet, with nothing to celebrate on? Among the first questions that come across our mind is what about the context? Is the individual craving for something savoury and that is the only viable option available? The pressing questions highlights an important factor not fully addressed by IBM. What is the specific context in which the [buffet food consumption] action is set to occur (Fantino & Stolarz-Fantino, 2005)? For instance, what is the physical context, i.e. where is the venue of the buffet food consumption occurs? At the coffee house of the hotel, or at an open air food and beverage outlet close to a swimming pool, or at a separate banquet room, or at a posh banquet hall? What is the social context of the buffet meal? Is the individual alone, or with friends or family, or with work colleagues? Furthermore, what is the emotional context from which the buffet meal takes place? Is the individual celebrating, grieving, or is he feeling stressed or anxious? Having insight into the context in which the buffet dining behaviour is being made would greatly improve the prediction of IBM model. Given these indications, an improved model of

buffet dining behaviour is proposed in Figure 1.1. Other than the five constructs, the proposed IBM model guiding the study also includes the contextual consideration surrounding buffet dining, compatible with the requirement of many qualitative inquiry.

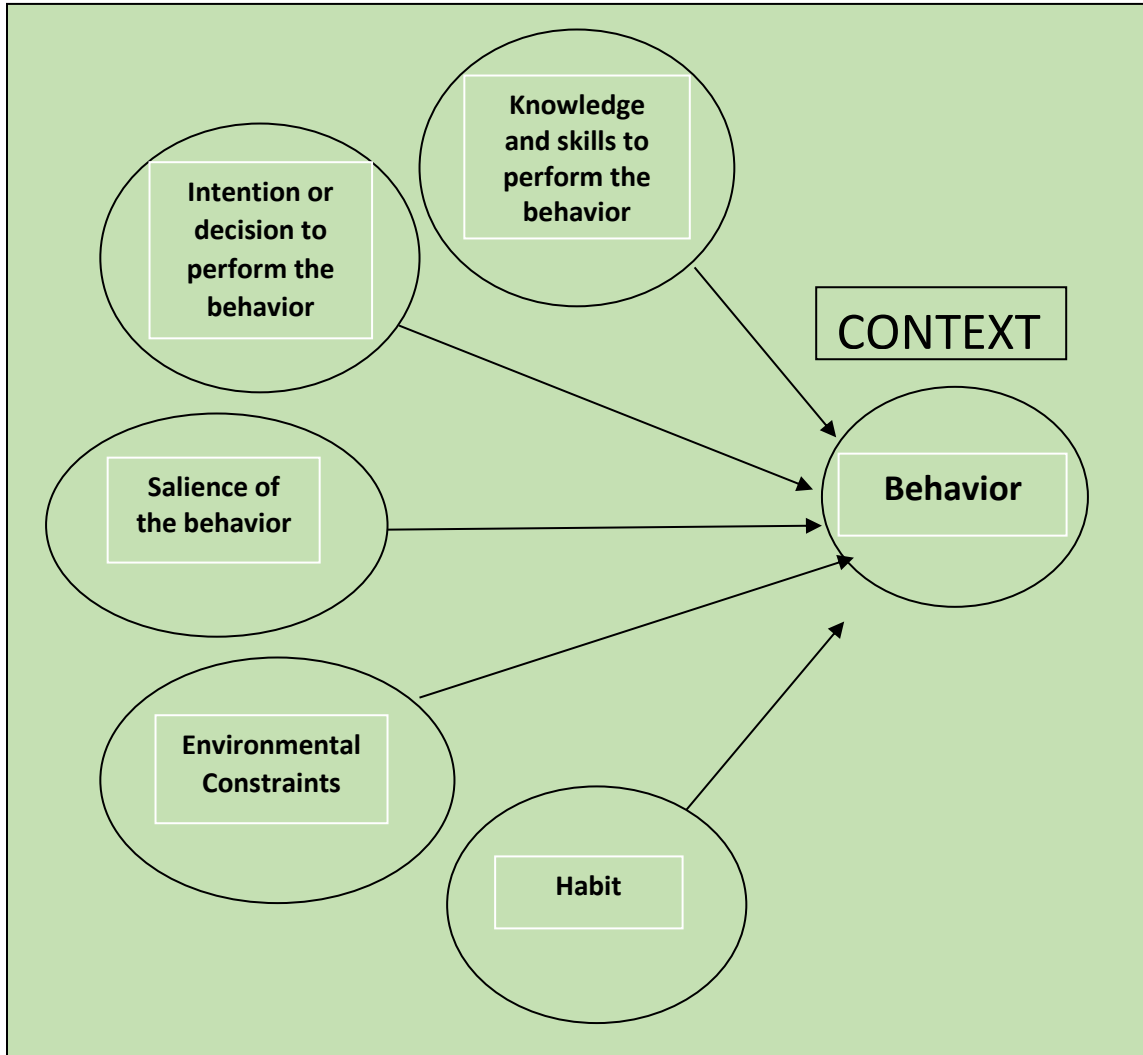


Figure 1.1: Proposed model of buffet dining behaviour with five behavioural determinants and contextual consideration

Future Research Implications

Dining behaviours are usually affected by a multitude of factors and as a result it becomes necessary to choose the right model to guide this qualitative inquiry. IBM is chosen not only because of its holistic character, but also because it could accommodate contextual consideration. In a nutshell, this research paper concludes with suggested future research through qualitative inquiry using the proposed preliminary IBM's conceptual model, taking into considerations the inclusion of contextual nature of buffet-dining-related behaviour.

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