Food Customization: How Decision Frame Influences Choice

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Extended Abstract

Nowadays, restaurants and food outlets increasingly allow consumers to customize their food, which often involves either a selection or a rejection decision. For example, shop A might allow you to build a food platter by asking you to choose from a range of healthy (e.g., carrots, celery) and/or unhealthy (e.g., fried spring rolls, fries) options. Alternatively, shop B might offer a pre-prepared platter consisting of healthy/unhealthy options, but then asks you to customize it by rejecting the ones that you don’t like. Although prior research has examined the effect of choose versus reject decision frames on the ‘quantity’ of items selected, (e.g., Dhar and Wertenbroch 2000; Huber, Neale, and Northcraft 1987; Park, Jun, and MacInnis 2000; Shafir 1993, Yaniv and Schul 1997), it has been surprisingly mute on the ‘quality’ of the choice. What we mean is that although a choose frame may appear to be the ‘correct’ frame to adopt because it leads to a smaller quantity of items as indicated by past research, it can lead to the false conclusion that a healthier choice has been made. In fact, the opposite might be true because the items selected might be unhealthy. Alternatively, the reject decision frame might appear to be inappropriate as it leads to a larger number of items, hence more calories, but the opposite might be true as the nature of items selected might be healthy.

We draw upon three theoretical frameworks to predict the impact of decision frame on food customisation decisions. First, hedonic attributes (e.g., taste) are weighted more under a reject decision whereas the utilitarian attributes (e.g., calories) are weighted more under a choose decision frame (Bohm and Pfister 1996; Dhar and Wertenbroch 2000). Second, the goal progress literature (Fishbach and Dhar 2005; Fishbach and Zhang 2008) suggests that upon seeing a healthy item, people may feel a sense of vicarious fulfilment that they have progressed towards
the health goal, thus permitting them to indulge in unhealthy food (Martin 2007; Wilcox et al. 2009). Third, activation of the long-term health goal upon being exposed to temptations occurs more spontaneously than vice-versa (Fishbach, Friedman, and Kruglanski 2003). Across three studies, we show that the decision frames of choosing versus rejecting have important consequences for food customisation decisions.

In study 1, half of the participants were shown a randomised list of 5-healthy and 5-unhealthy items and asked to check the items they wanted to add to their customisable platter (choose decision frame). The other half were told that a pre-selected platter already included the 5-healthy and 5-unhealthy items, which could be removed by un-checking the items they did not want (reject decision frame). We found that a greater number of unhealthy versus healthy items were included when rejecting (3.82 vs. 3.21; $F(1, 37) = 5.29, p < .05$) but there was no difference in the number of unhealthy versus healthy items when choosing (2.24 vs. 2.68), $F(1, 37) = 1.16, ns.$

In study 1, healthy and unhealthy items were presented mixed together on one page. However, we often select from two separate lists. For example, when customising a sandwich, we may first select from a list of salads (healthy) and then move on to select meats and sauces (unhealthy). In study 2, half of the participants were first shown the healthy list followed by the unhealthy list and the order was reversed for the other half of the participants. Interestingly, we observed a significant Decision Frame x Item Type x Order three-way interaction on the number of items included in the food platter ($F(1, 246) = 4.65, p < .05$). Specific contrasts revealed that under the choose decision frame, although a greater number of healthy (versus unhealthy) items were included (2.90 vs. 2.10; $F(1, 127) = 35.16, p < .05$) under both UH-H and H-UH orders, this difference was marginally greater in the UH-H order than the H-UH order (1.02 vs. 0.58; $t$
Under a reject decision frame, a greater number of healthy (versus unhealthy) items were included in the food platter (3.80 vs. 2.95; $t(121) = 6.13$, $p < .05$) in both UH-H and H-UH order. The key takeaway is that consumers should choose sequentially – unhealthy followed by healthy items.

In study 3, we varied the valence of the food platter (in studies 1 and 2, the food platter had a neutral valence) by asking participants to customise a salad (healthy valence) versus a pizza (unhealthy valence). Our results indicated that that a greater number of toppings were selected under rejecting than choosing when customising a salad ($6.70$ vs. $5.24$; $F(1, 174) = 9.55$, $p < .001$), but not when customising a pizza ($5.95$ vs. $6.06$, ns). Second, in terms of quality, a greater number of healthy (versus unhealthy) toppings were selected when choosing ($3.14$ vs. $2.42$; $t(91) = 3.10$, $p < .05$), but not under rejecting ($3.15$ vs. $3.20$, ns). Third, when customising a salad, both the decision frames of choosing and rejecting led to an equal number of healthy versus unhealthy toppings. However, when customising a pizza, a greater number of healthy (vs. unhealthy) items were included when choosing ($3.50$ vs. $2.45$; $t(41) = 3.10$, $p < .05$), but not under rejecting ($3.04$ vs. $3.02$ ($t(45) = .075$, ns).

Our research has several implications. First, it adds to the understanding of how decision frames of choosing versus rejecting influence consumer choices. We show that decision frames not only influence the quantity but more importantly, the quality of the decision. Second, our research suggests that by presenting food choices in the ‘right’ format (e.g., presenting unhealthy and healthy options separately in the order of unhealthy followed by healthy options), businesses in the food industry can aid the consumer in making healthier choices. Third, and most important, we suggest that consumers have an important role to play in the battle against rising obesity levels. By having the right frame of mind, they can certainly make healthier choices.
References


