
**BUILDING CONSUMERS INSURANCE NEEDS SATISFACTION
THROUGH A STRUCTURED NEEDS HIERARCHY MODEL**

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Abstract

Purpose

The purpose of this research is to examine the consumer's insurance needs satisfaction fulfillment, using a structured Hierarchy Model of Insurance needs, during the detection and analyzing needs sales procedure.

Design /methodology/ approach

In order to examine all the above a qualitative research was held in inductive manner, under the research philosophy of phenomenology via depth interviews. Depth interviews were conducted in April of 2018 out of five professionals of the Greek insurance market. The thorough analysis of primary data and coding of the findings with interdisciplinary approach combined with the subjectivity and reflexivity of the researcher contributed to the completion of the construction of the theory.

Findings

The results outcome show that the Hierarchy Model of consumer's Insurance Needs is a tool for a structured and organized process, of identification and analysis of needs, resulting in a more accurate assessment of needs. The basis of the Pyramid of the Hierarchy Model of consumer's Insurance Needs, is the greatest need / greater risk, which is the most valuable asset or else the Human Life. The above stage, that is the correct assessment of needs, affects the satisfaction of the client's insurance needs (needSat).

Limitations

Certain limitations that need to be mentioned, are that the research held in the Greek insurance market and is focused on the standpoint of the Insurance market professionals, which are the insurance providers and not from the consumer's point of view. Secondly there is not either a methodological triangulation not an alternative meanings test as a method of verification of the results.

Originality/Value

Although satisfaction as a variable has been examined in numerous surveys, satisfaction of needs is examined for the first time in this survey. The concept and the variable needs satisfaction (needSat) is coming ahead. In addition in this research the Hierarchy Model of consumer's Insurance Needs is grounded. In this research, the exploratory method is followed in order to develop new theory, which in this case is the Hierarchy Model of consumer's Insurance Needs.

Keywords: Customer Satisfaction, Satisfaction of Needs, Insurance Needs, Relationship Marketing, Analyze Needs, Hierarchy Model

1. Introduction

Following the course of early civilizations, man was organized over the centuries into societies with social and economic organization, as it has historically evolved, characterized by the development of needs and the primordial sense of satisfaction and coverage. For both survival and development reasons, man seeks daily solutions to changing, growing demands and the uncertainty of his modern reality.

These solutions come from the services and goods offered, through the insurance industry, which is called upon to restore random events that cause financial losses and losses to man. Reducing loss consequences, preventing them and tackling insecurity is a major human concern.

Private insurance industry is a major lever for the Greek economy and development. It is an important mainstay both for her direct and indirect social contribution. It stably remains, one of the main investors in Greece with investments amounting to € 14 billion. At the same time, the insurance industry is proving to be a strong factor against unemployment, as it employs 9,700 employees in addition to the 20,000 insurance intermediaries where they operate in the industry. (Association of Insurance Companies of Greece, 2018)

In the Greek Insurance Market, there are 51 insurance companies (Hellenic Association of Insurance Companies, 2018), of which, 31 Companies of General Insurance, 5 exclusively of Life Insurance and 14 Mixed Companies. The above market consists of, 33 S.A. (Societe Anonyme) Insurance Companies, 15 Branches of Foreign Enterprises and 3 Mutual-Insurance Cooperatives. There is a steady decrease in the number of companies from the last two years, which amounted to 57 in the previous year (Hellenic Association of Insurance Companies, 2017) and 61 insurance companies (Hellenic Association of Insurance Companies, 2016) in the immediately preceding.

Greek insurance output amounted to € 4 billions for the year 2018. € 2.1 billions relates to General Insurance at a rate of 52.40% of the total. Life insurance accounts for 47.60% of the total with insurance output of € 1.9 billion. The Motor vehicle liability class accounts for 25% of total insurance output and 47% of General Insurance.(Hellenic Association of Insurance Companies, 2018)

The contact point between insurance science and marketing science is consumer's needs. Insurance aims to cover its needs while marketing to meet their satisfaction. The first step is to detect and identify consumer's actual needs (Armstrong and Kotler, 2009). In both sciences, this is the key to success.

However, there is a lack of knowledge of the insurance classes and which need they cover, both from the consumers and from insurance professionals. Hence there is an insufficient or incorrect coverage of insurance needs. Customers, on the one hand, focus on covering needs that they

consider as important, ignoring the importance of prioritizing needs. Sellers, on the other hand, focus on the sales process rather than on covering the needs of their customers.(Morgan, 1990)

The purpose of this study is to investigate the consumer's insurance needs satisfaction using a structured Hierarchy Model of Insurance needs, during the detection and analyzing needs sales procedure. The main task of the insurance intermediary (seller) is to investigate, detect, analyze customer's needs which is the main reason for his remuneration, since consumer's insurance needs are constantly changing. In practice, however, it is sometimes observed that insurance intermediaries bypass the above steps either for reasons of ignorance or for reasons of preference promoting "easier" products based on consumer ignorance.

Given the uncertain end-use of the insurance product insomuch a risk arises, it is desirable to examine at the stages of Relationship Marketing, **Needs Identification, Needs Analysis and Needs Presentation**, how much the customer's sense of **needs satisfaction** is affected. In addition, although insurance classes are internationally common, usually they are not categorized in sales and are not separated according to their importance or the size of the risk they cover. For this reason, it is necessary to investigate the **Hierarchy of Consumer Insurance Needs** and to build the **Consumer Insurance Needs Hierarchy Model**.

2.Literature Review

2.1 Customer's Needs Satisfaction

The crucial importance customer's satisfaction and his needs as well, is what is required in the customer-seller relationship. When the above is achieved, seller gains a competitive advantage by building long-term relationships expecting future recurring sales. (Hanif et al., 2010) On the contrary, unsatisfied customers are an insecure portfolio for the insurance seller.

Customer satisfaction is usually defined as the difference between a customer's expectation and experience of a product or service. According to Oliver (1980, p. 461), "satisfaction can be considered as a function of the expected level and perception of uncertainty". (Oliver, 1980; Trasorras et al., 2009)

Fecikova (2004) considers that if satisfaction can be measurable, with questionnaires and other technological and research tools, it is easier and more efficient to manage it. (Trasorras et al., 2009)

Satisfaction seems to have different levels and should therefore be measured. Absolutely satisfied customers are different from just satisfied customers. The fully satisfied customer has the conviction that the company understands him and has the ability to meet his needs and solve his problems. (Trasorras et al., 2009)

According to Fornell and Wernerfelt (1987), there are always some customers who feel dissatisfied for different reasons. One of them is even the small variety of products.

Research such as Fornell et al. (1996) have shown that there is a difference in the feeling of satisfaction intangible products than in services products that are considered intangible. Services

products tend to show lower satisfaction than material products, where in this case, quality plays a more important role than price.

2.2 Analysis Stages of Customer's Needs through the Relationship Marketing philosophy

Relationship Marketing exists to establish, overturn, and enrich customer relationships and collaborations with benefit, so that the purpose of the parties involved is achieved. This is done through mutual exchange and fulfillment of promises. (Grönroos, 1996). At its core are relationships, maintaining relationships between company and their microenvironment factors. The idea is first and foremost to create loyal customers so that a mutually beneficial and long-term relationship can develop. (Ravald and Grönroos, 1996). Of particular importance is the establishment, strengthening and development of relationships with customers, the emphasis on the profitable commercialization of customer relations and the pursuit of individual and organizational goals. In particular, long-term and lasting relationships with customers. (Takala and Uusitalo, 1996).

Focusing on the customer, according to Cant and Van Heerden (2004), the four stages of RM are as follows:

- Analyse Needs
- Present Product Benefits
- Gain Commitment
- Service

This marketing strategy suits perfectly with the mission and the function of the insurance industry and the distribution of the insurance products. The analysis of the customer's needs, the proposal-solutions presentation, the commitment-closing of the sale and the service, compose an organized sales methodology for the distribution channels of insurance products. (Adamson et al., 2013; Kyriazopoulos and Samanta, 2019)

2.2.1 Analysis Stage

The first stage of RM is the one of Analysis. At this early stage, customer evaluation and categorization takes place where it is very important to distinguish key accounts customers. (Matthyssens and Van den Bulte, 1994).

Turnover is not the one that indicates the main customer "key account customer" if our goal is profit (Matthyssens and Van den Bulte, 1994). Customer analysis and categorization should be based on future relationships and collaboration rather than short-term criteria (Matthyssens and Van den Bulte, 1994; Kyriazopoulos and Zairis, 2005).

Salesman goal is not the simple delivery of the product, but a complete approach to customer's problems and their solutions, providing specialized services and after-sales service. (Matthyssens and Van den Bulte, 1994; Chung, 2015; Kumar et al., 2015)

In the process of selling as well as in all company's activities, good coordination is considered necessary for the right result and the desired quality. (Matthyssens and Van den Bulte, 1994)

In the analysis stage, the intermediary seeks to analyze and find both markets and ideal customers for his products. Its main purpose is to discern and understand the needs of consumers and to find the best way to satisfy them. (Tzani, 2012)

The Analysis Stage of Relationship Marketing is equally essential for creating a good and desirable relationship with the customer. The main purpose is the analysis and implementation of the optimal and ideal product/service in order for the satisfaction of the consumer's needs. (Cant and Van Heerden, 2004)

In the Analysis stage, two sub-stages meet:

- A. The Needs Analysis
- B. Proposal Design/Solution Design

2.2.2 Presentation Stage

The presentation stage in the sales process, is a try to convincingly communicate the benefits of the product or services offered and to explain the necessary course of processes to the potential buyer. (Cant and Van Heerden, 2004; Schmidt et al., 2015)

The most critical part of a presentation, during its design process, is the introduction (Vlassis, 1997; Kyriazopoulos and Zairis, 2005). The best strategy for the introductory sentence is to use a positive statement that affects positively the customer. Whatever expression may be used, the first goal is to stimulate customer's interest. Once achieved, the product itself is often used as a means to further develop interest and desire to buy. (Cant and Van Heerden, 2004; Schmidt et al., 2015)).

Many potential customers either do not know how the Private Insurance Industry works or have a bad previous experience with another Insurance Intermediator or Insurance Company.

The main part of the presentation concerns essentially the solutions and proposals for the creation of the insurance product. During the presentation, all covered potential risks that may be covered are analyzed to the client-insured. (Cooke, 1999)

Based on the relational marketing, the customer is invited to participate decisively in the type of coverages that he desires and in the amount of funds that he needs to cover, determining his financial ability so that he can pay the Insurance premiums. (Kyriazopoulos and Zairis, 2005; Wang et al., 2012)

An important factor is that the correct analysis can form a customized program for customers, covering their needs and maintaining relationships with the seller at the same time. (Tzani, 2012)

The active participation of the client in the design of the final program helps in the optimal creation of the insurance proposal. It gives the opportunity to present and explain the exceptions that are included to each coverage and the possible alternatives that exist, making

it easier for the customer to choose, based on the intermediary's advice and suggestions. (Kyriazopoulos and Zairis, 2005)

Based on RM, the main goal is the trust and the satisfaction of the customer and not just the sale. (Evers, 2016)

The end of the presentation should contain a concise summary of the points covered, in order of priority. At the closure, no new information should be presented, so as to leave a strong final thought or challenge to the potential customer. (Kyriazopoulos and Zairis, 2005)

2.3 Insurance Classes

The insurance industry is highly trusted, complex, based on future privileges that are difficult to prove. (Crosby and Stephens, 1987). The insurance industry is unique globally as it is the only one that promises and provides coverage and compensation from the occurrence of uncertain damages. It is based on the compensatory principle, that is the restoration of the damage to the previous financial situation (Rokas, 2005). In order to fulfill this purpose and to fulfill the promise of compensation, the damages are examined in terms of the economic consequences they cause to man (Nektarios, 2003). The actual consumer's needs research, to which the specialized insurance professional contributes greatly, as well as to the design and the proposal of the appropriate insurance program, are basic stages. What follows is the approval and the coverage of the insurance, by the insurance company, and in case of insurance risk, the insurance compensation. (Vlassis, 1997)

Both the globalization and homogenization of financial markets, as well as the constant change and evolution of the financial scene, affect financial resources and products (Moshirian, 2008; Chen et al., 2009; Hong et al., 2012), and therefore the insurance market, given the nature of the products and its financial structure. Even more, if we consider the adoption of insurance products by non-traditional distribution channels such as banking, which results in the deregulation of the traditional model. (Hong et al., 2012)

Private insurance is about covering risks that may affect the property or health of the insured themselves or third parties (Rokas, 2005). In order for the better organization and operation of the insurance market, the benefits of insurance companies are categorized into classes, named as Classes of Private Insurance (Rokas, 2005).

At first, the classes are divided into two main categories

- The Classes of General Insurance (Non-life Insurance) and
- The Classes of Life Insurance.

Private Insurance Classes are categorized into subsidiary classes, whose content refers to the nature of the risks they cover (Nektarios, 2003). They are based mainly on the approximate cause of the risks, thus determining the reasons that justify the insurance compensation. More specifically, the classes do not describe the result of the occurrence of a risk, than the cause that initially "generated" the loss.

The insurance contracts (policies) list the covered classes, that the customers choose based on their needs.

2.4 Insurance Needs

In insurance, it is often the case that the customer's insurance needs do not coincide with what the seller is selling, resulting in a misinterpretation of how each of them perceives the sale (Vlassis, 1997). The buyer is faced with insurance offers that do not meet his needs even though he is the one who determines what those needs are. (Strandvik et al., 2012)

In every different form of commercial industry, there are different needs, more important or less important depending on the industry. In the financial sector, it emerges that customers have more increased needs than other sectors. (Chung - Herrera, 2007)

2.4.1 Risk

Insurance is linked to the concept of risk. The Insurance Risk is limited only to specific risks that meet certain insurance characteristics, the most important of which is the element of uncertainty, that is the random event. The term *random* means that it is uncertain whether or not an accident will occur. (Nektarios, 2003)

Insurable risks, meaning those that are finally approved and covered by the insurance companies, must meet the following characteristics (Prinarakis, 1999; Nektarios, 2003):

- When they do occur, their result is only loss and never profit for the person affected. Those are the so-called *pure risks*.
- They cannot be unique and rare but instead, there must be a considerable number of similar or same cases, so that their statistical estimation can be possible.
- They cannot be intentional. When the opposite happens, insurance fraud and unjust enrichment are observed. The risks must be random and uncertain.
- It must be possible to measure their effects if they occur so that their impact can be calculated as well as the amounts of compensation. Invaluable risks cannot be insured as no replacement amount is specified.
- Their occurrence must affect only a proportion of the examined population and not the whole. Otherwise the risk is *destructive* and on the one hand it is difficult to determine the compensation, on the other hand the theory of probability cannot be applied.

In order to separate insurable and non-insurable risks, the insurance science deals with, among other things, the probability of occurrence of risks and classifies them as improved risks, that is less likely to occur, and in the burdened, that is more likely to occur. (Prinarakis, 1999; Nektarios, 2003)

The probability of occurrence of the risks arises from the division of loss events that occurred in a certain period of time with the sum of the total number of cases taken under observation within

the same period of time. (Prinarakis, 1999) The above calculates the mathematical value of the risk (rate) which is a variable for determining the price (rate) of the insurance product, otherwise the *premium*. (Nektarios, 2003)

This process shows that the burdened risks, as they are more likely to occur, are charged with extra rate, while on the contrary the improved risks have lower premiums due to the lower probability of occurrence. (Nektarios, 2003)

In order for the more effective risk management, risks are divided into several categories depending on to where they occur and what kind of damage they cause. (Kiantos, 2002; Nektarios, 2003)

3. RESEARCH METHODOLOGY

The research method used in this study is Qualitative. What is sought is to bring to the surface motivations and intentions that may not be conscious or even known from the object of research itself. (Chalikias and Samanta, 2016). Qualitative research has been conducted via depth interviews, with semi-structured questions allowing the participants to freely express themselves by saying their personal opinion. (Isari and Pourkos, 2015)

Prior to the main interviews, a pilot interview took place in order to be able to improve or enrich what is necessary for the main interviews, as well as to examine whether the pilot interview gave the expected result. The person used in the pilot interview meets the requirements of the sample. (Isari and Pourkos, 2015)

4.1 Analyzing Research Demographic Characteristics

Five (5) experienced and specialized executives of the insurance market participated to the Research, of which 3 are executives of Insurance Companies and 2 are executives of the Free Market. Chalikias and Samanta (2016) distinguish as one of the main and most common sampling techniques in quality research, *Purposive Sampling*, sampling based on specific criteria in which participants share an experience and usually the sample is homogeneous. The sample was formed using the above method, with specific criteria, so that it can have an opinion on such a specialized subject that is being researched. Criteria such as job position, experience, education on insurance issues. It does not differ in terms of gender or age, as long as they are able to know accurately and fully the insurance issues. The selected sample of the qualitative research is considered representative, qualitatively.

Participant No1

Managing Director of a mixed Insurance Company (General and Life). He served as president of the Hellenic Association of Insurance Companies. Experienced Executive of the Insurance Market. He joined the industry forty years ago as a Student with a career in a variety of insurance companies.

Participant No2

General Manager of a General Insurance Company and Lawyer. An experienced insurance market executive joined as a student in the 1980s.

Participant No3

General Sales and Education Manager of a mixed Insurance Company (Life and General). 2nd Generation in the Insurance industry. He joined from a very early age, in parallel with the University.

Participant No4

Instructor of Insurance Professionals and Executives. Experienced executive of the insurance market with over 35 years of experience, who has gone through all the stages of insurance mediation. He has been the Managing Director of a foreign Insurance company (with freedom of services status), a corporate executive as Managing Director - Manager and Salesman, Independent Insurance Intermediate and Instructor since 1984.

Participant No5

Independent Insurance Intermediate. She served as an Executive of the insurance market for over 30 years both in Insurance Companies and in Free Network. She joined the insurance industry at a very young age.

Informed consent to the survey

Participants were informed of the process clearly and with their voluntary consent to participate in the research and publication of what was said. (Isari and Pourkos, 2015) In the research, the participants, who share a common vision, that of improving and upgrading the insurance knowledge and the industry in general, participated freely and voluntarily.

4.2 Results analysis and justification

The first Research Objective concerns to

O1: Examine during the stages of Relationship Marketing, Needs Identification, Needs Analysis, and Needs Presentation how much the customer's sense of needs satisfaction is affected.

From the analysis of the interviews and after their line-by-line coding, the following thematic subsections emerged:

- Insurance intermediary main work task
- Customer's insurance needs variability
- Consumer's needs assesment criteria
- Risks that insurance intermediaries cover
- Main Lead at Gaining Commitment
- Identifying, Evaluating Needs and Customer's Satisfaction feeling

1. Insurance intermediary main work task

Greek, European and global legislation states that the insurance intermediate's main work task is to research the needs of customers in the Life Insurance class, in the General Insurance class and in the Civil Liability class as well as to propose them solutions that can cover those needs (Rokas, 2005).

Consequently, the primary role of the insurance intermediary and his work task is to identify the needs, to evaluate them and to measure them. Also, to distinguish, collect and find out the actual customer's needs, so that based on the above, to suggest to him a means of management. (Kiantos, 2002)

The insurance intermediate must suggest and draw up an insurance policy in order to meet the needs of the customer, and not for the purpose of the sale itself, ignoring the needs of the customer, taking into account the financial profile of the customer as well.

The insurance intermediate must thoroughly inform the customer for the needs that he identifies, that need to be covered and insure. He must also provide detailed information on the importance of each customer's coverage.

2. Customer's insurance needs variability

Insurance needs are not stable, they are changing (Vlassis, 1997). They change depending on the family life cycle as well as every different situation that each customer faces in the course of his life.

A student's needs are different from the needs of an employee, a family man or an elderly person. As the customer's needs change, so do his insurance needs. They change if he get's married, if he have children, if he buy a car, if he change a car, if he buy a house and any other change in his property or life.

Insurance needs change based on the customer's income just as his financial capacity change as well. Getting insured, means, to cover the needs I have. Someone with a low income finds it harder to make up for it and recover. The risk of losing everything that he owns is significantly higher, hence he has a bigger need get insured.

3. Consumer's needs assesment criteria

The role of the insurance consultant is central to the research and evaluation of needs. Research and evaluation must be based on a stable process (Rokas, 2005). There must be a specific process of researching the needs of the consumer, which should be based on material, printouts, in order for the insurance intermediate to be guided and for the consumer to ensure that his needs are evaluated and covered in the best possible way.

Consumer's needs must be evaluated by priority of importance, on the basis of "high risk" evaluation. The prioritization of needs has to do with which danger can destroy us, which danger can tear us apart, which danger can make us disappear.

Each customer's changing and different need must be evaluated based on his financial status, his family status, assessing the possible coverage for all classes of insurance, General, Life, Liabilities. Needs will be prioritized depending on the person, the structures, the needs, the area they cover and depending on the product it is offered.

The consumer's criterion is to maintain his life standards, in case of an unexpected loss, so that his family may continue to live at the same life standard that used to live and to recover the financial loss that he faced.

4. Risks that insurance intermediaries cover

The risks covered by each intermediary vary depending on which company he works for, firstly due to its nature, for example General Class or Health. Most Insurance Companies in Greece are General Insurance or specialized in the Motor vehicle liability class .

Consequently, only few insurance intermediaries have the expertise and the knowledge to be able to cover specialized classes, such as the Goods in Transit Class, or loss of profits, or industrial risks, ships or boats.

5. Main Lead at Gaining Commitment

A good salesperson promotes what the customer needs, what he sees that the consumer needs (Kyriazopoulos and Zairis, 2005). A good insurance intermediate needs to get the customer to buy what he actually needs.

The salesman must not make the customer buy what the salesman himself wants. He shouldn't simply promote to the customer any program that serves him.

Either the salesman or the customer may play the main lead role in the gaining commitment stage. Key account customers, who have the necessary knowledge, know what they are looking for and they have the main lead in the sales process. Most customers yet, do not have the necessary knowledge and as a result they rely on the insurance intermediary.

In those cases, it is observed that products of secondary importance are promoted and sold, that do not cover the primary, basic needs. Insignificant products that, in relation to the most important risks, simply provide benefits that are also covered by social insurance, such as visits to the doctor, which are not greater big risk or the highest risk, that is death.

6. Identifying, Evaluating Needs and Customer's Satisfaction feeling

There is a difference in how the customer feels when his needs are properly identified/evaluated, or partially identified/evaluated, or when he is not insured based on his needs, because those needs were not assessed at all.

The customer feels much more safe when his needs are fully identified and evaluated. He feels calmer when the process of research and evaluation of his needs has been done in collaboration with the insurance intermediary. He feels much more "complete" when the process of research and evaluation of his needs is the result of professional work. He feels safer when the process of

research and evaluation of his needs has led him to acquire the right product for his specific need. He knows that whatever may happen to him, from the least to the most important, he will be able to continue his life, just as before.

The second Research Objective concerns to

O2: Investigate the Hierarchy of Consumer Insurance Needs and build the Consumer Insurance Needs Hierarchy Model.

- **Most important risk in insurance**
- **Insurance risk sequence**
- **Relation between significant risk and size of the risk**

From the analysis of the interviews and after their line by line coding, the following thematic subsections emerged:

1. Most important risk in insurance

The most important risk is death (danger of death) because the most important "good" above all is human life which comes before any other need.

2. Insurance risk sequence

The order in which a person must be insured is determined upon the principle that human life is above all. Therefore, the insurance sequence begins with the greatest risk to human life, which is death.

The next important risk is for a man to live, yet to be unable to product and therefore to be economically insufficient (constantly and permanently incapable). Similarly, partial disability (loss of a part of the body) follows total disability, as partial disability does not make him one hundred percent incapable of work. The next risk is a temporary disability, such as an illness that can cause job loss.

What follows is the health insurance, that someone may have already covered with his social insurance, however private insurance is upgraded compared to social insurance mainly in terms of speed and time in general. In addition, the upgrade of hospital benefits is included.

In addition to the risk of a person living a short time, he also runs the risk of living too long, meaning the risk of aging. If he has not taken care of the previous ones, he will not be able to deal with the diseases during the old age and he will not have the income to live as an elder. Private insurance, offers him the opportunity to raise a lump sum or to retire and, of course, to help his social insurance (to enforce it additionally).

In general insurance class, the prioritization of needs is categorized according to which risk can be destructive and may cause a disaster. For example, a catastrophic risk in an industry is the destruction of facilities and premises or the liability. Capital adequacy can also be a catastrophic risk.

It has been observed in corporations that while they are insured for damage repair, they are eventually destroyed because they have not insured the loss of profits, and after the damage they do not have the necessary resources to function again, pay their executives, pay any compensation and find the money for the lost profits.

In every business the evaluation begins from the biggest to the smallest.

In the insurance of persons, their needs should be prioritized according to the case, the structures, the geographical area and the product.

The hierarchy of needs is always takes place with first the Liability of third parties (in general classes), as the one who will be compensated in a loss is the third damaged. The third party is protected by law and is a criminal offense if a third party is harmed and not compensated. If, for example, the home of a third party burns, due to the customer's fault and that third party is not paid, that constitutes a criminal offense. On the contrary, if the client's house burns, then there is not a legal issue or offence (he rebuilds it only if he wants to). Nobody imposes it on him.

Hierarchy in the general classes find first and foremost the liabilities, that is, first the third parties, from where the largest claims arise. The catastrophic danger is that of the third party.

3. Relation between significant risk and size of the risk

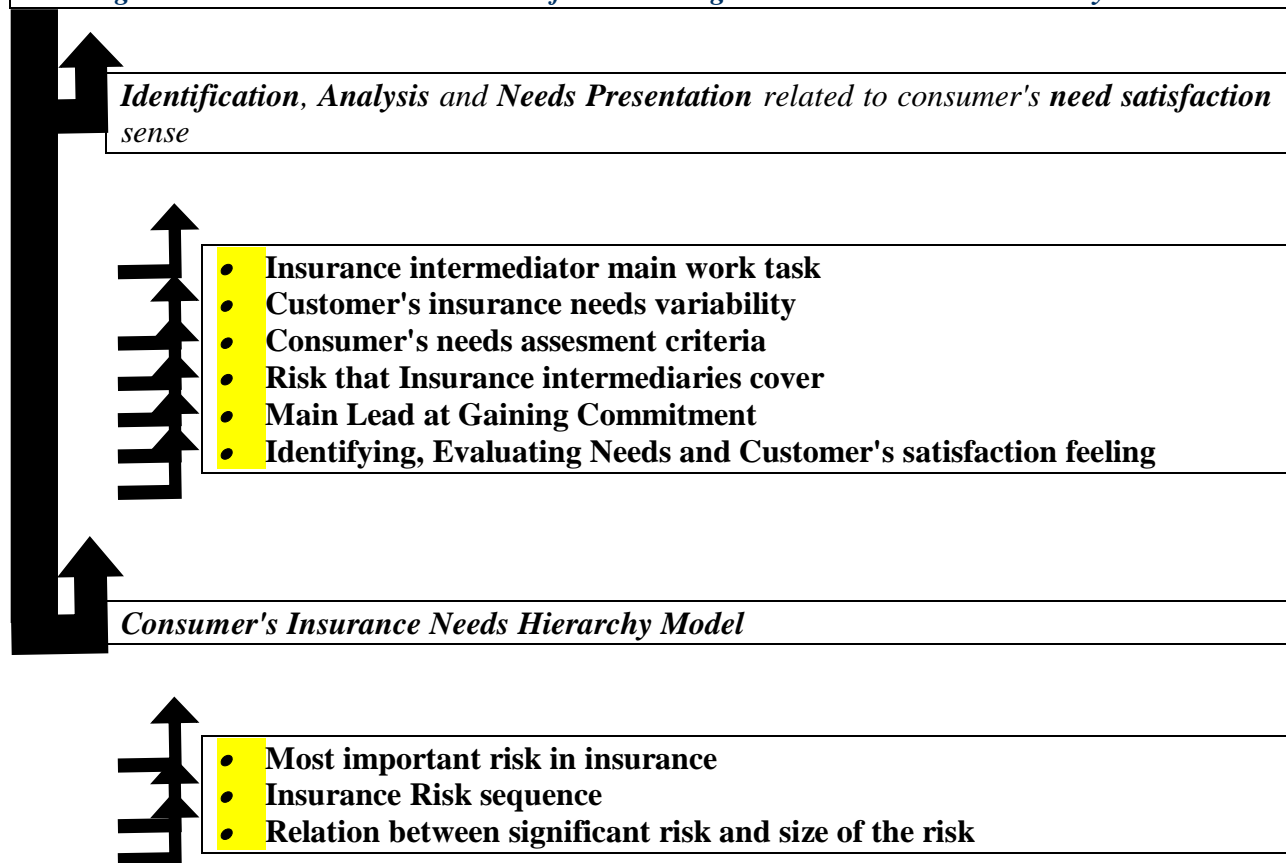
There is a relation between significant risk and its size. The importance and size of the risk is exactly the process of hierarchy of needs. There is also a relation between how important the risk is and the size of the loss that it will cause.

The importance of a risk also depends on the customer's profile. For a customer who has the necessary income and monetary liquidity to face a high risk, then the risk is less important than for a customer who has no income or has big expenses. The hierarchy of insurance needs is necessary.

4.3 Thematic Map

Categorization and coding produce the Thematic Map with the codes for the researched subject, where it encloses and summarizes the findings, meaning the thematic units that emerged from the data analysis. (Isari and Pourkos, 2015)

Building Consumers Insurance Needs Satisfaction through a structured Needs Hierarchy Model



5. Findings

From the results it arises that Hierarchy of Needs is a tool for structured and organized Research and Analysis of Needs process, resulting in their more accurate evaluation. The basis of the Pyramid of Hierarchy of Needs appears to be the greatest need/most important risk, that is, the most valuable asset, meaning Human Life. The above stage, which is the correct evaluation of needs, affects the customer's sense of satisfaction of his insurance needs.

There is a difference in how the customer feels when his needs are properly identified/evaluated, or partially identified/evaluated, or when he is not insured according to his needs, because his needs have not been evaluated at all. The customer's sense of needs satisfaction is affected when his needs are fully and properly identified and evaluated.

There is a relation between significant risk and its size. The importance and size of the risk is exactly the process of hierarchy of needs. There is also a relation between how important the risk is and the size of the loss that it will cause. The most important risk is death (risk of death). Human life is more important than anything else. Therefore, the insurance sequence begins with the highest risk to human life, which is death.

At this point, the first division and hierarchy of the insurance classes takes place, with the Life Insurance Class being hierarchically more important than the General Insurance Classes.

Continuing in the Life Insurance Class, as a consequence, the greatest risk is **i) death**, so it consists the basis of the Pyramid. Hierarchically the next risk is **ii) total inability**, **iii) partial inability** and **iv) temporary inability** respectively. This is followed by **v) health** insurance that may also be covered by social insurance. Consequently the risk called **vi) aging**.

In general insurance class, hierarchy is divided into passive or active risks and then destructive risk as the first separation. Passive risks are the **vii) liabilities**, where the risk of the third party is catastrophic. Consequently **viii) material damages of third parties** are also a passive risk. This is followed by **ix) destructive active** and **x) partial loss active risks**. Finally, the non-destructive risks, that is **xi) small active risk** and **xii) assistant risks**, consist the least significant risks.

Table 1: Insurance Needs Hierarchy Model

Ran k	Insurance Needs / Risk	Properties	Classes
12	Assistant Risks	Non Destructive	General Classes
11	Small Active		
10	Partial Loss Active Risks	Active	
9	Destructive Active Risks		
8	Passive Material Ζημιές	Passive	
7	Liabilities		
6	Pension / Retirement	Health Insurance	Life Classes
5	Hospital Care		
4	Temporary Inability	Inability	
3	Partial Inability		
2	Total Inability		
1	Human Life - Death	Death	

6. Managerial Implications

Practically both Relationship Marketing and the prioritization of needs can be introduced into the professional mentality of insurance companies and insurance intermediaries and contribute to changing the direction of the insurance market as well as achieving business growth and increasing GDP.

The Hierarchy of Insurance Needs as a tool based on the Private Insurance classes, which worldwide have the same goal, to deal with the financial losses caused by the occurrence of risks in each industry, can provide the basis for proper evaluation and analysis of insurance needs.

The adoption of the Model of Hierarchy of Needs will turn the attention of professionals towards the actual needs of the customer. Initially, the majority of customers would have to cover the

financial amount or part of the financial consequences created after a loss of life or after a constant or permanent total incapacity, that means an inability to continue to be considered a productive economic unit, that is to be a living organism yet a dead one as far as production and economy is concerned.

Despite the direct benefit of coverage for the consumer, this practical application has multiple economic and social benefits. If consumers are able to cover their needs better, there will be a sense of satisfaction that will strengthen both the insurance business and the insurance industry. Indirect consequences could be employment increase as well as insecurity reduce both individually and commercially.

In addition, high risks such as death, constant or permanent total disability, partial disability, retirement and so on, are not burdening solely the social insurance system but also they do not remain uncovered to the extent that they occur nowadays with extended economic and social consequences for consumers. The uninterrupted evolution of human life is the reason why every human being, provided that he lives and he is able to produce, creates wealth.

That means that insurance professionals themselves need preparation, training and a change of cast of mind. They have to move from sales targeting to Hierarchy of Needs.

The above practice is the most efficient way to present to the insured a complete picture of the risks and their management with clarity, accuracy, consistency by the Intermediary. This will provide satisfaction, real and targeted needs coverage.

The existence of a standard consumer insurance prioritization tool is necessary in order to be used by the insurance industry and to change for the better the insurance practice, of the intermediaries firstly, for the correct approach of the insurance industry and the needs research, the correct assessment and prioritization and the proper customer information, so that he can understand the concept of insurance.

7. Future Research

Further research on the above issue is definitely necessary and needed. Satisfaction of insurance needs was examined extensively from the point of view of the salesman/insurer who is also directly responsible for the sales process. It is advisable to conduct similar researches from the consumer's point of view, which is certainly very interesting and deserves research attention.

The aim of the above study was to highlight, build and present ideas, theories and models which can be considered as a basis for future research. Hence, the use of Hierarchy of insurance needs as a tool of insurance needs satisfaction can highlight those factors and variables that affect the maximization of insurance needs satisfaction. As a consequence, the factors that affect insurance products purchase.

It is also necessary to expand the geographical boundaries of the research, making it interesting to consider in other Insurance Markets, beyond the Greek Market, such as European and International, the use of the hierarchy of insurance needs for whether it has the same position.

Respectively, it is important to consider the factors that affect satisfaction outside the Greek geographical boundaries.

8. Limitations

The study was conducted with a phenomenological philosophy, aiming to develop new theories through qualitative research. Qualitative research is used to explore in depth for concepts, data, phenomena. It does not focus on correlations and quantitative variables, but on unknown research and cognitive areas that are not obvious and cannot emerge with quantitative methods. (Chalikias and Samanta, 2016) Behavioral intentions of such a complex and specialized issue as insurance and need coverage, are such a phenomenon that it requires the deepening and use of qualitative research methods in order to understand and comprehend even the most deep and unknown aspect of the phenomenon. The research was carried out mono-methodologically, which is considered as more vulnerable research technique than the mixed method and, respectively, the methodological triangulation for the validation of the results. (Cohen and Manion, 1994)

At the end of the research process, no alternative concepts were tested:

Description of Concepts -> Presentation of Explanatory Figure -> Investigation of Opposite Interpretations

Logical Induction Process -> Search for a New Way of Organizing Data (possibly leading to different conclusions) -> Concluding Control -> Supporting YES or NO -> if NOT gaining trust.

Furthermore, research emphasized at the insurance industry, Insurance Company, Intermediator, Seller point of view and not the consumer's. However, there are differences in how the customer perceives the same situation. Also, the sample was formed only by the Greek Market.

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