

Service Experience Influence on Generating Positive Word-of-mouth

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Abstract: Purpose the purpose of this study is to study the effects of relationship benefits on relationship quality and aspects of service quality and the subsequent influence on word-of-mouth behavior. Design/methodology/approach the paper reports results from statistical techniques of linear structural relations that utilizes data from 300 consumers across a range of services. Findings results indicate a significant positive path connecting confidence benefits and functional quality, the relationship between special treatment benefits and technical quality is supported. The positive relation of confidence benefits, special treatment benefits and social benefits on relationship quality are also supported. Furthermore, it is found that functional quality; technical quality and relationship quality is related to word-of-mouth. Originality/value the study investigates the role of relationship benefits in increasing perceptions of quality while also providing an analysis of the differential role of functional, technical and relationship quality in enhancing customers' word-of-mouth intentions.

Keywords: LISREL, paper type-research paper relationship benefits, relationship quality, service experience, word of mouth ,

INTRODUCTION

Defined as any positive communication about a service firm's offerings, positive Word-Of-Mouth (WOM) communication is considered a key relational outcome. As an information source, positive WOM is a powerful input into decision making. With consumers exposed to numerous marketer-generated communications, which are designed to gain attention and alter behavior, WOM stands out as a highly trusted information source. Examples may include giving recommendations about a service provider, passing along positive comments about particular service aspects and encouraging friends and family to purchase from a particular provider (Ng *et al.*, 2011)

Word-Of-Mouth (WOM) communication, "informal communications directed at other consumers about the ownership, usage, or characteristics of particular goods and services and/or their sellers", has recently received renewed attention in the marketing literature. Positive WOM communication has been recognized as a particularly valuable vehicle for promoting a firm's products and services. Indeed, given its non-commercial nature, WOM communication is viewed with less skepticism than firm-initiated promotional efforts. Although WOM communication can be very influential in any purchase decision, previous research suggests it is particularly important

for services and that a single recommendation-the only source of information obtained - is often sufficient to convince a person to try a particular service provider (Gremler *et al.*, 2001). Managers need to be aware of the ability that relationship benefits and service relationship quality may have to enhance customer WOM propensity. To this end, we examine the collective effect of benefits and service and relationship quality on WOM behaviors.

LITERATURE REVIEW

Relationship benefits: The concept of benefits segmentation rests on the idea that consumers select products/services on the basis of the benefits they desire. According to Darden and Michael (1990), consumers can also obtain benefits, such as product or information acquisition or social interaction, from shopping.

Further, consumers can receive benefits from interpersonal relationships, which serve to fill many important human needs. In addition to relationships with family or friends, relationships with sales people or service providers may also provide benefits that fill important needs. Thus, consumers who maintain sales person relationships do so to fulfill certain desires or needs by obtaining benefits from these relationships (Reynolds and Beatty, 1999).

Relationship benefits are defined as those benefits customers receive from long-term relationships above and beyond the core service performance (Kinard and Capella, 2006).

According to Gwinner *et al.* (1998), customers who have relationships with service providers not only expect to receive satisfactory delivery of the core service, but they are likely to receive additional benefits from the relationship. These researchers conducted two studies to identify the benefits customers receive from service relationships. Their findings revealed that relational benefits could be categorized into three distinct types:

- Confidence
- Social
- Special treatment

These authors also found significant correlations between service benefits and outcomes such as loyalty, positive word of mouth and satisfaction with the service (Reynolds and Beatty, 1999).

, in a naturalistic inquiry into customer relationships with salespeople in an upscale department store context, the benefits customers claimed to receive from these types of relationships appeared to fall into two primary categories: functional benefits or social benefits (Beatty *et al.*, 1996). Both functional and social types of relationship benefits have been suggested by others. Based on the findings from both the Beatty *et al.* (1996) and Gwinner *et al.* (1998) studies and the relationship marketing literature, Reynolds and Beatty (1999) classify relationship benefits in their particular setting as either functional or social.

Confidence benefits: Confidence benefits are considered the most important because they reduce anxiety levels associated with a service offering, increase perceived trust in the provider, diminish the perception of risk and enhance knowledge of service expectations (Kinard and Capella, 2006).

This conceptualization of confidence benefits is quite similar to the trust dimension of relationship quality put forth by Hennig-Thurau and Klee (1997), in which trust is defined according to Moorman, Zaltman and Deshpandé (2000) as “the willingness to rely on an exchange partner in whom one has confidence”. The conceptual closeness of confidence benefits and trust is also mentioned by Gwinner and Gremler (2000) and Hennig-Thurau *et al.* (2002).

Social benefits: Consumers may also perceive social benefits from forging a long-term relationship with a service provider, such as personal recognition by employees, customer familiarity and the development of a friendship with the service provider (Kinard and Capella, 2006).

Social benefits might include enjoying the sales person company and/or the close relationship, having a good friend and enjoying spending time with the sales person (Reynolds and Beatty, 1999). Social benefits focus on the relationship itself rather than on the outcome (or result) of transactions. Researchers have suggested social benefits are positively related to the customer’s commitment to the relationship. Indeed, Berry (1995) contends that social bonds between customers and employees lead customers to have higher levels of commitment to the organization (Hennig-Thurau *et al.*, 2002). Examples include service employees developing friendships with customers, recognizing customers by name and recalling customer preferences (Berry, 1995; Gwinner and Gremler, 2000).

Special treatment: Consumers may attain special treatment benefits from prolonged relationships, such as economic and customization benefits other service providers fail to elicit (Gwinner *et al.*, 1998; Kinard and Capella, 2006). Examples include special price discounts, quicker service, or specialized services offered over and above the core service (Ng *et al.*, 2011).

The widespread use of special treatment benefits provided as a part of relationship marketing programs presumably is due to the expectation of positive financial returns. One way this may operate is through the presence of switching costs. That is, as an organization provides additional types of special treatment benefits (e.g., economic savings or customized service) emotional and/or cognitive switching barriers are increased and can result in increased loyalty and commitment on the part of the consumer (Hennig-Thurau *et al.*, 2002).

Since relationship benefits provide additional value to service experiences, it is likely that benefits will enhance a customer’s level of perceived service quality, from a functional perspective (Ng *et al.*, 2011).

Functional quality: Functional quality refers to the process of core service delivery and the interactions that take place between a customer and service provider. As many industries become more competitive, firms need to focus on both the core service offering as well as the processes inherent in service delivery that may lead to enhanced customer perceptions (Bell *et al.*, 2005). For example, service providers can increase perceptions of functional quality by hiring employees with training in customer service. Furthermore, firms can enhance functional quality perceptions through improved relationship benefits. Specifically, some research has suggested that confidence benefits are the most impactful on customer outcome behaviors.

Aspects of functional quality include employees being respectful and courteous to customers. Therefore, it is logical that social benefits would enhance

perceptions of functional quality (Ng *et al.*, 2011). Furthermore, dimensions of functional quality consist of accessible and empathetic employees, a friendly staff and tangible cues (Bell *et al.*, 2005). These are the characteristics of social benefits.

Functional benefits include time savings, convenience, fashion advice and better purchase decisions. Thus, functional benefits encompass the Gwinner *et al.* (1998) special treatment benefits (Reynolds and Beatty, 1999). Some researchers have recognized that special treatment benefits are functional in nature. Since service quality includes functional elements such as friendly and engaging employees, it is likely that functional quality may be driven by special treatment benefits (Ng *et al.*, 2011). Indeed, prior research has shown that employee behaviors can positively increase customer perceptions of functional quality (Brady and Cronin, 2001). Sometimes, for example, customers need quicker and more specialized service and such special treatment will enhance customers' perceptions of the process occurring during the service encounter (Ng *et al.*, 2011).

Thus, the following hypotheses are posited:

- H1:** Confidence benefits are related to functional quality.
- H2:** Social benefits are related to functional quality.
- H3:** Special treatment benefits are related to functional quality.

Technical quality: Technical quality reflects the outcome of the service act, or what the customer receives in the service encounter (Brady and Cronin, 2001). Examples include customers receiving helpful advice from employees or customers perceiving the service performance as meeting their expectations. Technical quality deals with the reliability of "what" customers expect to receive and the technical know-how and expertise of the service provider. Past research suggests that technical quality may be enhanced by increasing relationship-marketing efforts with customers (Ng *et al.*, 2011). Confidence benefits should positively influence the customer's commitment to the relationship (Hennig-Thurau *et al.*, 2002). Then it is likely that confidence benefits will effect customers' perceptions of technical quality.

Social benefits reflect the interpersonal relationships that customers have with service firms and employees. Based on attribution theory, customers that are satisfied as a result of the social benefits offered by a firm are then likely to attribute positive feelings towards that firm and have positive perceptions of the core offering.

Furthermore, since social interactions play a key role in the development of customer perceptions of quality, it is likely that social benefits will enhance perceptions of technical quality.

Since special treatment benefits are the most tangible in nature of all relationship benefits, it is likely that they will enhance perceptions of the core service outcome. Drawing on social exchange theory, which suggests that customers intuitively make a cost-benefit analysis in their mind when comparing alternatives, it can be suggested that customers receiving special treatment (e.g., price breaks) will perceive greater technical quality (Ng *et al.*, 2011).

Thus, the following hypotheses are posited:

- H4:** Confidence benefits are related to technical quality.
- H5:** Special treatment benefits are related to technical quality.
- H6:** Social benefits are related to technical quality.

Relationship quality: Relationship quality affects overall customers' satisfaction with the firm. Relationship quality defined as the customer's assessment of the interpersonal relationship with the contact person (Chaniotakis and Constantine, 2009).

The relationship quality approach is based on the assumption that customer loyalty is largely determined by a limited number of constructs reflecting "the degree of appropriateness of a relationship" from the customer's perspective. In the relationship quality model, a basic assumption is that the customer's evaluation of the relationship is central to his or her decision to continue or to leave the relationship with a service provider. Most conceptualizations of relationship quality build on Morgan and Shelby (1994) commitment trust theory by including customer satisfaction as a key concept. Three key components of relationship quality found to have a significant influence on relationship marketing outcomes.

Trust has a strong relationship with the outcome variables and will be discussed subsequently in the context of confidence benefits (Hennig-Thurau *et al.*, 2002).

A study in the hotel industry proposes that guest confidence is important to enhancing relationship quality (Kim *et al.*, 2001).

Special treatment benefits have an influence on satisfaction. Paralleling the argument made by Reynolds and Beatty (1999), a service firm's offer of special treatment may be perceived as part of the service performance itself and correspondingly, the benefits received from such special treatment would be expected to positively influence the customer's satisfaction with the service (Hennig-Thurau *et al.*, 2002).

Personal interactions and friendships between customers and employees have been shown to enhance satisfaction levels (Gwinner and Gremler, 2000). Similarly, prior research has examined the positive

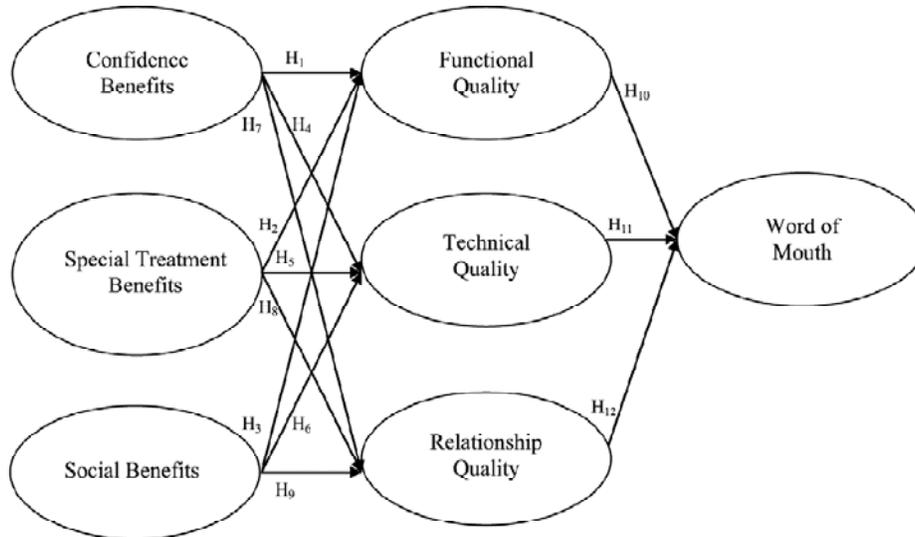


Fig. 1: Research model

relationship between social benefits and relationship quality constructs such as commitment and customer satisfaction with the service provider (Ng *et al.*, 2011). Furthermore, commitment mediates the relationship between social benefits and WOM (Hennig-Thurau *et al.*, 2002). Finally, customers that feel social bonds with employees will likely have a higher trust level. Therefore, it is possible that social benefits directly enhance relationship quality (Ng *et al.*, 2011) (Fig. 1) Therefore, we hypothesize that:

- H7:** Confidence benefits are related to relationship quality.
- H8:** Special treatment benefits are related to relationship quality.
- H9:** Social benefits are related to relationship quality.

Word-of-mouth: The relevance of satisfaction in gaining loyal customers and generating positive word-of-mouth is largely undisputed. Indeed, studies have found satisfaction to be a (and often the) leading factor in determining loyalty. Similarly, satisfaction has been identified as a key driver in the generation of (positive) customer word-of-mouth behavior. Commitment is seen as a focal relationship constructs preceding a customer's relational behaviors. Commitment has been hypothesized as directly influencing positive word-of-mouth behavior (Hennig-Thurau *et al.*, 2002).

The findings of Reynolds and Beatty (1999) revealed that relationship benefits have a significantly positive association with customer satisfaction, word of mouth and repeat purchase. Customer satisfaction, commitment, confidence benefits and social benefits have a significant impact on repeat purchase and word of mouth (Kim *et al.*, 2006).

Different types of quality associated with customers' experiences with service providers can have different, but influential, impacts on customer attitudes and behaviors. For example, technical service quality has a greater impact on loyalty than does functional quality (Ng *et al.*, 2011). In the Ferguson *et al.* (1999) study, Patient/personnel interactions represent the dimension of functional quality of the service process or relational quality. This interaction includes aspects of empathy, assurance, responsiveness and reliability of service personnel.

Patient/personnel interactions are also the source of humanism emotional cues. The dimension of recovery outcomes reflects the final patient-perceived evaluation of the technical quality of their surgery. Thus, the following hypotheses are posited:

- H10:** Functional quality is related to word-of-mouth.
- H11:** Technical quality is related to word-of-mouth.
- H12:** Relationship quality is related to word-of-mouth.

METHODOLOGY

Given that the generation of positive word-of-mouth is important across a range of service industries, we examine our model across a range of services contexts, namely travel agents, Taxi agents, hairdressers, banking, insurance companies, cafes, auto washes, dress makers and laundries. The pilot survey with thirty-five students helped the authors to formulate the final questionnaire by rephrasing vague questions. The services were presented to the sample by asking respondents to "choose one service provider from the following list that you feel you have a current relationship with". Then the respondents answer to the remainder of the questionnaire. The only criterion is

that respondents must have used one of nine services in the last three months.

The questionnaire was composed of two main sections. The first section examined the Confidence benefits, Social benefits, Special treatment benefits, Functional quality, Technical quality, Relationship quality and Word of mouth used in the Ng *et al.* (2011). The scales used to measure this dimension were Likert scales (SD. 1; SA. 5). In the second section, data were collected about the demographic characteristics of respondents (gender, age, income, educational level).

The questionnaire was administered to a convenience sample of 300 students at a major university. The respondents were asked to complete the survey in their classes.

Analysis: The analysis conducted in this study applies the statistical techniques of Linear Structural Relations (LISREL). Although LISREL and multiple regressions share similarities in terms of underlying assumptions and interpreting their results, the numerous advantages of LISREL favor its use in analysis of the causal relationships among the variables specified in the model. LISREL consists of both a measurement model and a structural equations model (Bollen, 1989; Joreskog, 1993). The measurement model specifies a Confirmatory Factor Analysis (CFA) of proposed relationships between the manifest (observed) indicators and latent (theoretical) constructs, while the Structural Equation Model (SEM) specifies hypothesized relationship among latent constructs. A set of variance and/or covariance matrices, manipulated following the basic rules of matrix algebra, represents the parameters in both components (Bollen, 1989; Hayduk, 1987; Joreskog, 1993). The CFA component actually allows researchers to specify a measurement model to assess how well observed indicators measure theoretical variables. Consequently, LISREL is particularly useful in this study for estimating multiple-indicator variables, correlated residuals and recursive causality.

In this study, several tests were performed to determine how well the model fits the data. The first statistics examined to determine the fit were chi-square statistics with associated P values. However, as noted by Joreskog (1993) "since chi-square is N-1 times the minimum value of the fit function, the chi-square test tends to be large in large samples" (1993:309). Because of the large effect of sample size on the chi-square values (and associated P values), other fit indices were also selected to measure the fit of the tested models based on the recommendations of several researchers from a number of different disciplines. These selected fit indices were ratio of chi square to degree of freedom, the Goodness-Of-Fit Index (GFI), the Normed-Fit Index (NFI) and the Non-Normed-Fit Index (NNFI), the comparative fit index (CFI), Root Mean

Square Error of Approximation (RMSEA) and Standardized Root Mean Square Residual (SRMR).

Measurement model: First, a confirmatory measurement model that specifies the posited relations of the observed variables to the underlying constructs, with the construct allowed to intercorrelate freely was tested as recommended by Sethi and King (1994) Anderson and Gerbing (1988) and Joreskog (1993). Before testing the overall measurement model, unidimensionality of each construct was assessed. This procedure assures that each set of alternate indicators has only one underlying trait or construct in common (Sethi and King, 1994). Constructs with unacceptable fits were respecified by deleting the indicators that failed to preserve unidimensionality of the measurement (Anderson and Gerbing, 1988). Assessing each construct individually and deleting unacceptable indicators resulted in a decrease in the number of indicators in four constructs (functional quality, special treatment benefits, relation quality [2 indicators] and social benefits).

In an overall measurement model, the adequacy of the individual items and the composites were assessed by measures of reliability and validity. The composite reliability, as calculated with LISREL estimates, is analogous to coefficient alpha and is calculated by the formula provided by Fornell and Larcker (1981). Further, convergent validity was assessed from the measurement model by determining whether each indicator's estimated pattern coefficient on its posited underlying construct factor is significant (greater than twice its standard error). Discriminate validity was assessed for every possible pair of constructs by constraining the estimated correlation parameter between them to 1.0 and then performing a chi-square difference test on the values obtained for the constrained and unconstrained models (Anderson and Gerbing, 1988; Joreskog, 1993). A significantly lower chi-square value in an unconstrained model indicates that discriminate validity is achieved.

The items that remained after this step are presented in Table 1. All of the composite reliabilities were above .7. Fit indices of the measurement models are shown in Table 2. As it can be seen in the table, the indicators of residuals, standardized root mean square residual and root mean square error of approximation were 0.058 and 0.055, respectively. Additionally, convergent validity was established for all indicators of each construct by comparing each indicator's estimated pattern coefficient with its standard error. Details on the properties of the measurements are provided in Table 1.

Structural model: Having satisfied the various measurement issues such as measurement model fit and necessary reliability and validity tests, the structural model was analyzed to investigate hypothesized

Table 1: Measurement scale properties

Constructs and Indicators	Factor loading	t- value	Item reliability	Error variance	Composite reliability
Confidence benefits:					0.88
I have more confidence the service will be performed correctly	0.79	10.23	0.62	0.16	
I have less anxiety when I buy the service	0.83	11.70	0.69	0.12	
I know what to expect when I go in	0.77	10.01	0.59	0.19	
get the service provider's highest level of service	0.85	11.93	0.72	0.11	
Social benefits:					0.88
I am recognized by certain employees of the service provider	0.87	9.87	0.76	0.10	
I have developed a friendship with the service provider	0.84	9.73	0.71	0.12	
The service provider knows my name	0.81	9.45	0.66	0.11	
Special treatment benefits:					0.87
I get discounts or special deals that most customers do not get	0.80	10.22	0.64	0.14	
I get better prices than most customers	0.75	9.78	0.56	0.17	
The service provider does services for me that they don't do for most customers	0.86	11.06	0.74	0.11	
I get faster service than most customers	0.79	10.12	0.62	0.14	
Functional quality:					0.89
The service provider is courteous	0.73	9.80	0.53		
The service provider is willing to help me	0.87	10.59	0.76	0.19	
The service provider gives me personal attention	0.82	10.28	0.67	0.10	
The service provider gives me individual attention	0.79	10.06	0.62	0.16	
Technical quality:					0.82
The service provider has the knowledge to answer my questions	0.83	11.12	0.69	0.15	
The service provider knows what they are talking about	0.76	10.76	0.58	0.21	
The service provider carries out their tasks competently	0.75	10.70	0.56	0.21	
Relationship quality:					0.89
Overall I am satisfied with this service provider	0.79	10.23	0.62	0.22	
My feelings toward this service provider are very positive	0.81	11.02	0.66	0.18	
This service provider is trustworthy	0.80	10.83	0.64	0.19	
My relationship with the service provider is something I am very committed to	0.88	12.61	0.77	0.11	
Word of mouth:					0.90
I say positive things about the service provider to other people	0.89	11.57	0.79	0.12	
I recommend the service provider to someone who seeks my advice	0.86	11.32	0.74	0.15	
I encourage friends and relatives to do business with the service provider	0.85	11.27	0.72	0.15	

Table 2: Fit indices of the measurement models

X2/df	P	GFI	NFI	NNFI	CFI	RMSEA	SRMR
2.67	0.000	0.90	0.94	0.95	0.94	0.055	0.058

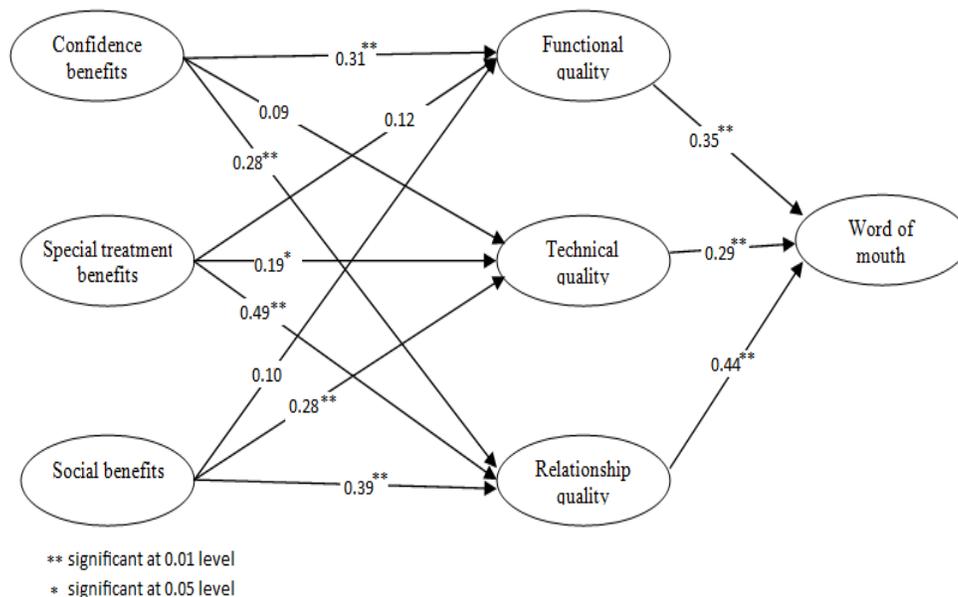


Fig. 2: Final structural model

Table 3: Results of hypothesis testing

Hypothesis	Route	Path coefficient	p-value	Result
H1	Confidence benefits → Functional quality	0.31	p< 0.01	Supported
H2	Special treatment benefits → Functional quality	0.12	p>0.05	Not supported
H3	Social benefits → Functional quality	0.10	p>0.05	Not supported
H4	Confidence benefits → Technical quality	0.09	p>0.05	Not supported
H5	Special treatment benefits → Technical quality	0.19	p<0.05	Supported
H6	Social benefit → Technical quality	0.28	p<0.01	Supported
H7	Confidence benefits → Relationship quality	0.28	p<0.01	Supported
H8	Special treatment benefits → Relationship quality	0.49	p<0.01	Supported
H9	Social benefits → Relationship quality	0.39	p<0.01	Supported
H10	Functional quality → Word of mouth	0.35	p<0.01	Supported
H11	Technical quality → Word of mouth	0.29	p<0.01	Supported
H12	Relationship quality → Word of mouth	0.44	p <0. 01	Supported

relations among the seven constructs. Figure 2 shows the structural model, with path coefficients computed by LISREL.

The model fit indices for the structural model showed a proper model fit. An inspection of the various parameters revealed the adequacy of the model. Independent variables accounted for 49% of the variance in the latent variable, word of mouth. All hypothesized associations were significant, except for three. Results indicate a significant positive path connecting Confidence benefits and Functional quality ($\beta = 0.31$; $t = 5.54$; $p < 0.01$), supporting H1. However, H2 is not supported by data since the path coefficient from special treatment benefits to functional quality is not statistically significant ($\beta = 0.12$; $t = 1.13$; $p > 0.05$). The effect of social benefits on functional quality is also non-significant ($\beta = 0.10$; $t = 1.07$; $p > 0.05$), therefore H3 is not confirmed. The path from confidence benefits to technical quality yield a value of 0.09 ($t = 0.75$), thus H4 is also not supported by the data. H5, concerning the relationship between special treatment benefits and technical quality is supported by the data with path coefficient of 0.19 ($p > 0.05$). Besides, since the route from social benefits to technical quality is significant at 0.01 level ($t = 5.30$), it can be concluded that the data supported H6. As it is shown in Fig. 1, H7, H8 and H9 concerning the positive relation of confidence benefits, special treatment benefits and social benefits on relationship quality are supported with path coefficients of 0.28 ($t = 5.31$), 0.49 ($t = 7.33$) and 0.39 ($t = 6.12$) respectively. The final three hypothesis of this study (H10, H11 and H12) are also supported by the finding; the path coefficients for all three relations are positive and statistically significant. The summaries of hypothesis tests are presented in Table 3.

CONCLUSION

The findings of this study highlight the important role relationship benefits play in influencing customer perceptions of service quality technical and functional service quality. We found that while confidence benefits increase perceptions of functional quality

enhances special treatment benefits don't relate to the customer's perception of quality.

Special treatment benefits, on the other hand, are the most tangible of the benefits customers receive from technical quality and relationship.

A closer examination of the findings of this study indicates that confidence benefits have a large effect on functional quality and relationship quality.

Social benefits, on the other hand, tend to be related to functional quality and relationship quality.

Special treatment benefits on the other hand do not appear to be useful in creating functional quality; rather have an effect on relationship quality and technical quality.

Our study tested the effect of relationship benefits on perceptions of service and relationship quality and the subsequent impact of these constructs on WOM behavior. The findings show that increasing functional service quality or how the service is delivered has an effect on WOM behavior. Also technical quality seems to be a driver of WOM behavior.

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