

CUSTOMER CARE, CUSTOMER SATISFACTION, VALUE, LOYALTY AND COMPLAINING BEHAVIOR: VALIDATION IN A UK UNIVERSITY SETTING

Dave Webb, University of Western Australia
Abiodun Jagun, University of Wales

ABSTRACT

This paper examines the importance of customer care in a UK university setting. It is argued following the analysis of an exploratory survey instrument that customer care consists of two main components, 1. a level of perceived care commitment, and 2. the behaviors manifested by this commitment. On the assumption that staff and student loyalty is linked to the financial strength of the university, the relationship between a number of conceptually linked variables, for example, customer care, customer satisfaction, perceived value, loyalty and complaining behavior is also examined. Correlation analysis of the presented conceptual model reveals significant positive associations between customer care and the above variables. Perhaps the most revealing finding following structural analysis, pertains to the evidence of a strong and significant positive path coefficient between care commitment and complaining behavior. This finding is important in that it suggests a need for education institutions to view with greater importance both staff and students (potential complainers) in a broader strategic success framework. A complete review of the conceptual model, findings, implications for education managers and future research suggestions are presented.

INTRODUCTION

In many industry sectors constant change has led to increased competition. The education environment is no different, with institutions competing more fiercely for both funding and students. Not only has the number of university institutions increased, but likewise, so too has the portfolio of education products on offer. This has led to greater choice for the consumer and as a result, universities are finding it increasingly more difficult to differentiate themselves on the basis of reputation or the education product alone. One recognized differentiation strategy, the delivery of

enhanced service quality, is treated in many sectors as a prerequisite for success such that 'excellence in delivery' now appears on the agendas of many organizations.

To an extent, the potential benefits which can be derived by following customer-oriented service quality strategies are also recognized by education managers (Olshavsky and Spreng, 1995), though institutionalization has perhaps been hampered by a reluctance to view staff and students as 'consumers'. Indeed, Olshavsky and Spreng (1995) warn of the dangers in recognizing students as co-developers on the basis that "...they cannot specify what it is that they want from the education product in a detailed manner". Taylor (1996) while agreeing that "...faculty should retain the lion's share of input in curriculum development", i.e., against the core components (e.g., rigor, relevance, substance), notes that these aspects currently comprise only one dimension which is evaluated by students when assessing service quality. Other components such as faculty responsiveness, empathy, availability, respect etc., together with supplementary services, e.g., housing, financial, food, health, career advice etc. all likewise contribute toward an overall evaluation of the institution in question.

Hence it is argued that, where these components reflect issues of concern and importance for both students and staff alike, no compelling reason exists to suggest that they should be treated differently from consumers of other service organizations. This is particularly true where negative performance against these criteria impacts on the revenue stream of the institution.

Not that service quality alone is a guarantor of success; it is also evident from the consumer psychology literature that consumers seek to fulfill many needs beyond those relating to service quality deliverables. It is to the fulfillment of these diverse needs that universities, and indeed many organizations are directing their attentions. Consequently, to optimize the value delivered to

consumers, an increasing number of organizations are initiating customer care principles and monitoring their performance against a number of defined standards (IRS Employment Trends, 597 (1995). In this way, superior added value is seen as the key towards satisfying the psychological needs of consumers, which in turn it is hoped, will ensure their enhanced loyalty, and thus a healthy long-term revenue stream for the organization concerned.

With respect to the identification of loyalty antecedents, the conceptual positioning of the variables explored in this study is in-line with the extant literature in the area. For example, in their examination of the behavioral consequences of service quality, Zeithaml *et al.* (1996) reveal the existence of a strong relationship between service quality and loyalty across a number of different contexts. Furthermore, two developments are evident concerning the relationship between customer satisfaction and behavioral intentions (which includes a measure of loyalty). First, it has been suggested that customer satisfaction be positioned superordinate to service quality (Woodside *et al.* 1989; Cronin and Taylor, 1992), and second; both customer satisfaction and service quality are considered independent moderators in a broader behavioral intentions framework (Taylor and Baker, 1994).

Findings from the above studies would tend to suggest that the correct causal ordering of customer satisfaction with respect to loyalty would be to position customer satisfaction as an antecedent variable. The relationship however is not believed to be one of sole-dependency, rather, and in-line with Taylor and Baker's (1994) suggestion concerning the moderating effect of these variables, customer satisfaction is conceptually believed to represent one of a number of moderator variables in a broader loyalty antecedent framework. A more substantial investigation of the identity of and relationship between these variables is arguably beyond the parameters of this study.

An extensive review of the literature reveals that confusion reigns as to how 'customer care' and 'customer service' can best be differentiated. While many studies ignore issues of differentiation, Howcroft (1992) and Gibbs (1993) suggest that differentiation can be made by

viewing customer service as a 'process' and customer care as 'an expression of a firm's motives or value systems'. This view supports the position taken by Lewis and Smith (1989) who note that "care is more than service", it is "all encompassing" and "a way of approaching business". Thus while an accepted more formal definition could not be located in the literature, this bifurcated perspective is intuitively appealing and could provide a framework which managers can use to ensure fullness in measurement.

In addition to addressing offensive marketing acquisition activities, organizations are also emphasizing a need to minimize internal and external customer defections (Reichheld, 1996). To develop a fuller appreciation for the rationale behind customer defection, a number of authors have sought to understand switching activity through an understanding of 'complaining behavior'. Indeed, this issue has received much attention in the recent marketing press (Parasuraman *et al.* 1994, Zeithaml *et al.* 1996; Lee & Leelakulthanit 1994; Pinney *et al.* 1995; Walsh 1996).

On the basis of the above presented arguments, a study to explore the importance of customer care, customer satisfaction, value, loyalty and complaining behavior in a university setting was conducted. Essentially the objectives of the study were threefold:

1. To identify through qualitative interviews the dimensions of customer care as perceived by staff and students in a UK higher education institution.
2. To explore, following the design and implementation of a survey questionnaire, the psychometric properties of the 'customer care' construct.
3. To examine the relationships of customer care, customer satisfaction, and perceived value with loyalty and complaining behavior.

RESEARCH DESIGN

To identify the dimensions of customer care, qualitative interviews with both staff and students of a higher education institution in the UK were

conducted. Commentary arising from the interviews led to the construction of a questionnaire, which formed the basis for further exploration of the key issues outlined above.

Exploratory and Confirmatory Factor Analysis were applied to explore the factor structure of the customer care construct. A structural equation model was then designed to explore the nature of the relationship between both academic staff and student perceptions of customer care and loyalty. In line with the above objectives a number of hypotheses provide the analytical framework for the quantitative stages of the study.

Hypotheses

H₁: The greater the level of perceived customer care, the greater the level of customer satisfaction

H₂: The greater the level of perceived customer care, the greater the level of perceived value

H₃: The greater the level of customer satisfaction, the greater the level of customer loyalty

H₄: The greater the level of customer satisfaction, the lower the level of internal complaining behavior

H₅: The greater the level of customer satisfaction, the lower the level of external complaining behavior

Unit of Analysis

This study consisting of three phases was conducted by the authors at a single higher education institution during the summer months of 1996. Phase one sought through face to face interviews to identify the dimensions of customer care. Twenty-five interviews with an approximate equal mix of both staff and student members revealed following content analysis the identification of 11 separate dimensions that were believed to conceptually relate to customer care (Appendix 1). Phase two included the development and evaluation of an exploratory

survey instrument. On the basis of the identified dimensions a series of 16 statements representing customer care, together with a number of other statements pertaining to customer satisfaction, perceived value, complaining behavior and customer loyalty were introduced into the instrument (Appendix 2). Complaining behavior comprised of two variables; the first assessed the respondent's willingness to complain externally - that is to other 'customers' - and the second - the respondent's willingness to complain internally - to a figure in authority within the institution (Zeithaml *et al.* 1996). Perceived value was treated as a two-dimensional composite measure, comprising an assessment of the benefits received versus sacrifices made together with a rating at the stipulated overall level. Customer satisfaction was likewise assessed at the overall level using a simple unidimensional measure. Loyalty was treated as an aggregate construct and included aspects of the respondents willingness to say positive things about the institution, and also, their willingness to return to the institution (Zeithaml *et al.* 1996) for their further educational needs. Finally the questionnaire included a number of demographic items, thus allowing for the exploration of differences between categories across each of the variables.

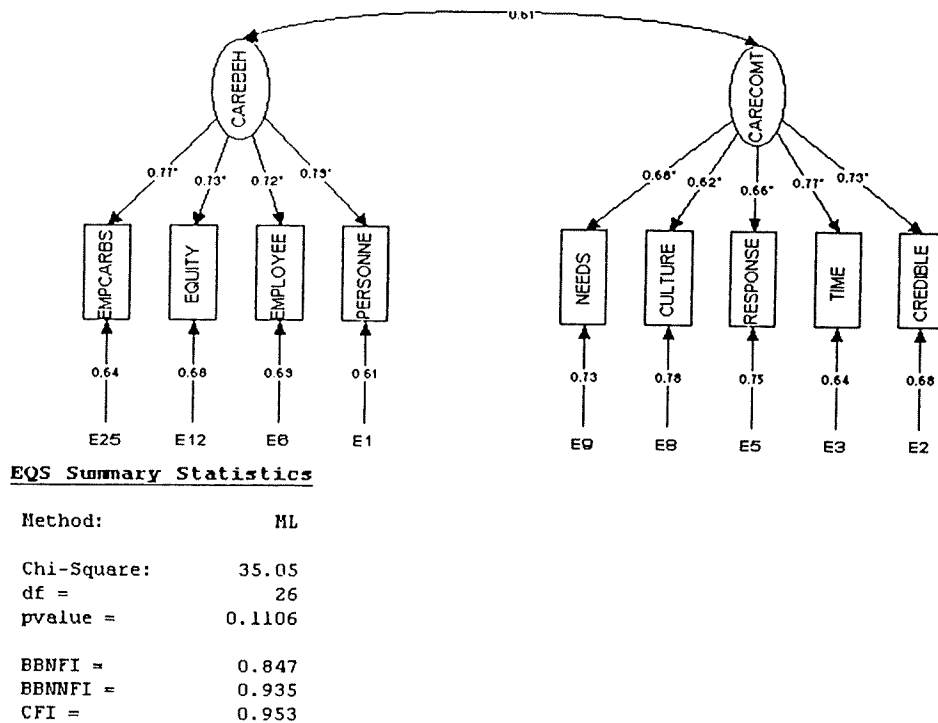
With the exception of the demographic items, all items were measured using a five-point Likert type scale with no mid-point descriptors.

To allow for the psychometric testing of the instrument, the questionnaire was dispatched through the internal mail system to a random sample of $n = 180$ individuals. Following a period of approximately three weeks, 60 useable questionnaires had been returned (response rate 33%). The mix of respondents was also fairly equal and comprised of 32 students and 28 members of staff. Phase two continued with an evaluation of the instrument for its psychometric soundness.

Psychometric Testing

Following the satisfactory evaluation of the questionnaire for normality of distribution, the analysis commenced with the testing of the customer care section for its unidimensionality and internal consistency.

Figure 1



Exploratory principle components analysis using oblique rotation and a suppression limit set at 0.30 revealed four factors above the eigenvalue = 1 cut-off level. These factors accounted in total for 67.6% of the explained variance. The distribution of items across the four factors was as expected unequal, with the first factor accounting for seven of the fifteen items (42.6% of the variance). The remaining items were structured - factor 2, four items (9.3% of the variance), factor 3, three items (8.7% of the variance) and factor 4, two items (7% of the variance).

Prior to an assessment of the reliability of the above resulting factors, confirmatory factor analysis using the EQS structural equation package was conducted. Chi-square statistics together with the Conformance Fit Index (CFI) were used to validate the null hypothesis that the tested model reproduced the population covariance matrix of the included observed variables. By convention, an acceptable model is one where the p-value is greater than or equal to 0.05 (Bagozzi and Foxall 1996), and the CFI value above 0.90 (Bentler 1990). Specifically, CFI is selected for this study

on the grounds that it is one of the few indexes which are relatively unaffected by sample size and indeed, Monte-Carlo studies have revealed the CFI to provide unbiased estimates of low variability with samples of between 50 and 1600 (Bentler 1990).

An assessment of the initial four-factor structure revealed considerable model misspecification ($\chi^2 = 125.085$, p-value = 0.001, CFI = 0.81). Refinement using the Lagrangian multiplier and the Wald Test criterion revealed a significantly better model fit to the data with a two factor first-order structure consisting of 9 items ($\chi^2 = 35.05$, df = 26, p-value = 0.1106, CFI = 0.953) (Figure 1). The items which represent the dimensionality of these two factors are labeled as CARECOMT (Organization Commitment to Care = 5 items) and CAREBEH (Care Behavior = 4 items).

Validity

Convergent and Discriminant validity testing of the resulting first-order two-factor model

(Figure 1) was conducted by first calculating the average variance extracted (AVE) for each factor (Table 1). Convergent validity is established if the shared variance accounts for 0.50 or more of the total variance (Fornell & Larcker 1981). Table 1 reveals that the first factor *care commitment* does not quite reach the 0.50 level, though 0.492 is considered close enough to be acceptable given the exploratory nature of this study. Factor 2 *care behavior* satisfies the necessary level with factor loadings for this construct all > 0.70 (AVE = 0.595).

Discriminant validity was also assessed by means of the AVE calculated values. Fornell & Larcker (1981) suggest that the AVE for each factor should be greater than the squared correlation between that factor and any other factor.

Examining the correlation coefficient (0.61) provided by the EQS confirmatory factor analysis output (Figure 1), reveals that this test for discriminance holds, since the squared correlation between the two factors is 0.348.

Reliability

Internal consistency of the instrument was assessed by virtue of the associated Cronbach Alpha coefficient values provided by the EQS software package output. Both the customer care factors together with loyalty revealed alpha coefficients comfortably above the 0.70 value suggested for scale robustness (Nunnally 1967) (Table 1). *Perceived value* reveals an alpha coefficient below the 0.70 level but above the 0.50 level suggested as acceptable for exploratory studies (Nunnally 1967). The low magnitude of the coefficient could be indicative of the low number of items comprising this dimension.

Given the exploratory nature of this study, the resulting instrument was accepted as a psychometrically sound representation of customer care.

RESULTS

Phase three commenced with an initial exploration of the resulting data for differences in perception between staff and student respondents

with respect to customer care, customer satisfaction, perceived value, loyalty and complaining behavior. T-test statistics revealed no significant differences for any of the items included in the measurement instrument.

Table 1
Unidimensionality and Internal Consistency

FACTOR	CRONBACH ALPHA	AVERAGE VARIANCE EXTRACTED (CORR) ²
CARECOMT	0.84	0.492
CAREBEH	0.84	0.595
LOYALTY	0.75	
PERCEIVED VALUE	0.61	

CARECOMT = Care commitment
CAREBEH = Care behavior

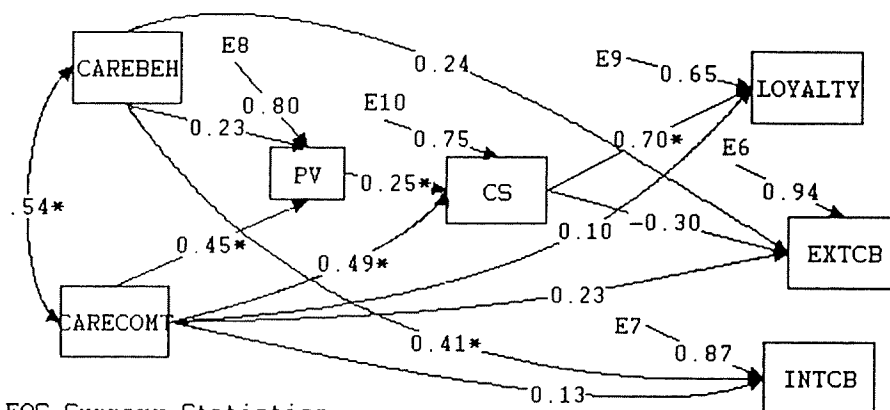
H₁ and H₂ hypothesize the presence of a positive association between customer care, customer satisfaction and perceived value. Following confirmatory factor analysis, customer care is now represented at this stage by a two-factor structure comprising 'care commitment' and 'care behavior'; hence H₁ and H₂ now each consist of two elements. The first explores the relationship between *care commitment* and *customer satisfaction* (hereinafter H_{1a}), and the second explores the relationship between *care behavior* and *customer satisfaction* (hereinafter H_{1b}). Similarly, H_{2a} now explores the relationship between *care commitment* and *perceived value*, and H_{2b} the relationship between *care behavior* and *perceived value*. H₃ to H₅ explore the relationships between *customer satisfaction* and *loyalty*, *internal complaining behavior* and *external complaining behavior* respectively.

Both the magnitude of the resulting Pearson correlation coefficients (Table 2), and a simple path analysis using the EQS structural equation software (Figure 2) provides support for all seven hypotheses. Furthermore, Figure 2 reveals a very good fit of the model to the data ($\chi^2 = 14.08$, df. = 9, p-value = 0.1195, CFI 0.965).

Table 2
Correlation Matrix

	EXTCB	INTCB	PV	LOYALTY	CS	CARECOMT
EXTCB	1.000					
INTCB	0.166	1.000				
PV	0.112	0.381	1.000			
LOYALTY	-0.285	0.227	0.393	1.000		
CS	-0.060	0.232	0.523	0.757	1.000	
CARECOMT	0.172	0.354	0.570	0.534	0.627	1.000
CAREBEH	0.246	0.484	0.471	0.262	0.386	0.539

Figure 2



EQS Summary Statistics

Method:	ML
Chi-Square:	14.08
df =	9
pvalue =	0.1195
BBNFI =	0.916
BBNNFI =	0.919
CFI =	0.965

*Denotes significant path coefficients

DISCUSSION

To provide a structure to this section, the managerial and academic relevance of the relationship between the following will be discussed:

1. care commitment and both customer

satisfaction and perceived value - $H_{1a} + 1b$, and $H_{2a} + 2b$,

2. customer satisfaction and loyalty (H_3).
3. customer care (care behavior and care commitment) and complaining behavior (internal and external) - H_4 - and H_5

Following the preliminary interview phase, it was initially suggested that customer care comprised of 11 dimensions. Extensive factor analysis however revealed these dimensions falling more comfortably into two broader dimensions. This does not come as a surprise; in fact, an explicit objective of the factor analysis was to identify similar item clusters to facilitate the interpretation of complex qualitative interview commentary. Before points 1-3 above are discussed, it is necessary to differentiate between the 'care behavior' and 'care commitment' constructs. *Care commitment* can be interpreted at the organizational level to represent elements of a care culture expressed in the form of values, such as truthfulness, honesty, and, support to practice customer care. *Care behavior* on the other hand represents the manifestation of such values expressed in the form of behaviors directed toward customers, i.e., polite, considerate, friendly, sympathetic, reassuring, approachable etc. It will be noted that separating customer care in such a way complies with the 'service as process' and 'care as an expression of motives and value systems' view discussed earlier. This provides not only further confirmation of the perspective taken by Lewis and Smith (1989) that "care is more than service", but, would also suggest that a possible integration of customer service into a broader customer care construct consisting of the two dimensions is plausible.

H_{1a} + 1b, and H_{2a} + 2b, - Care Commitment with Customer Satisfaction and Perceived Value

It is interesting to note that the strongest path coefficients between customer care, perceived value and customer satisfaction are those with care commitment and not care behavior (care commitment and perceived value = 0.45, care commitment and customer satisfaction = 0.49).

This result is of particular relevance to service quality researchers given that the care behavior components relate to those most usually located within service quality measurement instruments, e.g., SERVQUAL (Parasuraman *et al.* 1988). If indeed, the care commitment construct is treated as synonymous with "expressions of motives and value systems", this would tend to suggest for management that customer satisfaction and

perceived value are heightened by issues which go beyond mere delivery to encompass a broader 'commitment to customer' culture. Thus in addition to enhancing critical aspects of service delivery, it is argued that the entire structure and culture of the organization must be concomitant with this notion.

While the structure of the relationship between customer satisfaction and service quality has yet to be completely resolved (Bolton & Drew 1994), the nature of the relationship between customer care (behavior and commitment), perceived value, service quality and customer satisfaction may thus be more appropriately conceptualized with care behavior (representing elements of service delivery) constituting an expression of care commitment. This may provide a basis from which the service quality, customer satisfaction relationship can be further investigated.

H₃ - Customer Satisfaction and Loyalty

H₃ hypothesizes that as satisfaction increases in a positive direction, then so too does loyalty. The significant strong path coefficient (0.70) evidenced between these two constructs provides testimony to the strength of their relationship. Thus on the basis of the disclosed relationship between customer care and customer satisfaction, for the university to increase the stated loyalty of its customer base, *staff* and *students* alike, it would need to ensure that performance with respect to the care commitment construct items is of the desired order. This is particularly important where loyalty is associated with revenue gain either directly, e.g., a student returns to study for a postgraduate course, or indirectly e.g., a student convinces a friend to study at the university. Indeed, revenue gain can also be achieved through increased staff loyalty expressed in the form of lower turnover levels, enhanced productivity, and job referrals etc. All of these could be said to impact positively on the bottom-line of the institution through the realization of greater operating efficiencies.

It should be recognized that loyalty as measured in this study comprises a measure that includes the summed average measure of three items. Each of these items is significantly differentiated in meaning, though conceptually it is suggested that they constitute dimensions of

loyalty. In developing programs to improve customer loyalty, managers may also want to know how satisfaction and perceived value are related to the individual dimensions of loyalty. Table 3 represents a correlation matrix of the said items.

Table 3

	WORD	RETURN	RECOM	PV	CS
WORD	1.000				
RETURN	0.300	1.000			
RECOM	0.698	0.515	1.000		
PV	0.383	0.293	0.439	1.000	
CS	0.704	0.352	0.712	0.523	1.000

All coefficients significant at the $p = <0.001$ level.

It can be seen that customer satisfaction is most strongly associated with verbal expressions of intent, i.e., 'recommend to others' (RECOM = 0.71) and, 'say positive things' (WORD = 0.70).

At the individual item level, management are thus provided with an indication of how loyalty through expressed actions can lead to increased revenue, i.e., A tells B what a wonderful institution X is. As a result of what B is told, he/she decides to enroll on a degree course such as the MBA program, which in the case of an overseas student provides an increase in revenue for the institution to the tune of several thousands of pounds/dollars.

H₄ and H₅ - Customer Care (Care Behavior and Care Commitment) and Complaining Behavior (Internal and External)

At the surface level concern might be expected to result from the evident significant positive correlation coefficients witnessed between all four variables (Table 2), and the significant and also positive path coefficient between care behavior and internal complaining behavior (0.41) (Table 3). Thus as perceptions of customer care increase, so too does the likelihood of internal complaining behavior. It would be natural for most organizations to desire to reduce customer-complaining behavior by intuitively demonstrating higher levels of care activity. The positive relationship depicted in this study indicates the reverse to be true. This could be interpreted to suggest that providing lower levels of care will

result in lower levels of complaining behavior activity. While this may be the case, it should of course be recognized that total defection from the institution is possible without the actioning of any form of complaining behavior. Hence a more elaborate interpretation of the results is necessary. As the level of perceived care increases, it would be logical to suggest that customers are more willing to complain on the assumption that an organization that 'really cares' will respond more positively and favorably to the matter causing concern.

Two issues are immediately evident, first, if commitment to care is a necessary precursor to customer satisfaction, and customer satisfaction a necessary precursor to increased loyalty, then organizations that wish to increase the loyalty of their customer base must in addition to doing the things necessary to be perceived as a caring organization, be in a position to respond favorably to complaint issues. This would include among others, empowering employees to take corrective action without the need to battle through cumbersome decision-making hierarchies. Next, in addition to empowering employees and providing them with the necessary skills to interact with complainants, the appropriate support structures (to minimize the number of decision-making levels) and systems (to address such things as training and the allocation of resources) also need to be in place.

External complaining behavior, which would include students complaining to other students, and staff complaining to other staff members, can be likened to the formation of a 'club of sympathizers'. In many cases external-complaining behavior may precede internal complaining behavior. Here though it would be necessary to differentiate between complaining behavior within the 'club', and a more serious level, which may include going beyond the 'club' to encompass new students, prospective employees and other official bodies which may have a vested interest in the performance of the university (i.e., Academic Quality Audit Boards). Complaints at this level could substantially affect the financial strength of the institution in a negative manner.

CONCLUSIONS

This study has made a timely contribution to the literature by offering empirical evidence concerning 1) the structure of the customer care construct, and 2) insight into the relationships evidenced between customer care and customer satisfaction, perceived value, loyalty and complaining behavior as they apply in the context of a UK university setting. Furthermore, implications for practicing education managers have been presented. Though many education institutions find it difficult to consider staff and students as more than 'small fish in a wider ocean', logic would suggest that a more strategic view needs to be taken given the increasingly more competitive nature of the education arena where effectiveness, efficiency and the development of loyalty are seen as the key to organization success. This strategic view would include among others, first, recognizing the limitations of restrictive traditional education institution cultures with respect to care commitment and exhibited behavior toward staff and students. And second, proactively setting up the appropriate structures and institutionalizing the necessary systems to ensure flexibility and autonomy in decision-making and greater responsiveness with respect to service delivery and complaint handling. In essence, these points are tantamount to the development of an all-encompassing customer care "support" culture which embraces the overriding philosophy and key-values of the organization.

LIMITATIONS AND FURTHER RESEARCH

This study is limited in a number of ways. First, time and resource limitations prohibited the development of a more extensive measurement instrument. Second, only one organization in a single sector was examined. Third, sample sizes were uncomfortably low. And fourth, a more elaborate conceptual model to explore more conclusively some of the suggestions made in this paper with respect to the relationship between customer service and customer care would have been desirable.

Addressing these points in turn: first, a more extensive instrument development phase was not possible due to the limitations of time and resource

access placed upon the second author, who at the time of the study was working towards a Masters degree in Business. This study, which was conducted over 8 weeks, represented one compulsory element of this course. In-line with the suggested formula for questionnaire development, and more specifically item generation, (Churchill 1974), future research would perhaps benefit up-front from the development of a more extensive list of items to tap more thoroughly the initial eleven dimensions of customer care indicated in Appendix 1. A comparison following factor analysis of the resulting items with the two dimensions of 'care commitment' and 'care behavior' would prove insightful.

Second, this study sought to investigate customer care in a single university setting. An extension of this study to include additional tertiary institutions and likewise, other consumer settings would further contribute towards the development of our understanding of customer care related issues.

Third, the confidence with which findings can be generalized suffers when the employed sample size is low. Future studies would therefore benefit from the use of larger samples. If structural modeling represents the chosen analysis approach, a recommended minimum sample would be in the order of 200 which is proposed as being representative of "the critical sample size" (Hoelter 1983).

And fourth, this paper has suggested that the construct 'customer care' be separated into two dimensions representing at one level, 'customer commitment' (elements of a care culture expressed in the form of values), and at a second level, 'care behavior' (the manifestation of such values expressed in the form of behaviors directed towards customers). Separating customer care in such a way suggests at the care behavior level the integration of customer service (viewed as a process) with customer care (an expression of motives and value systems). Further research to explore the overlapping nature of the customer service and customer care relationship would likewise provide a timely contribution to knowledge, particularly given the attention being paid by organizations to service quality improvement and culture change (Webster, 1992).

As defined, 'care commitment' represents the elements of a customer-oriented culture, and 'care behavior,' the visible expression of such a culture (i.e., the provision of service), as defined by a firm's customers.

Finally, the explicit nature of the relationship between loyalty and complaining behavior was not examined in this paper. A more comprehensive project to include an examination of this issue is currently being undertaken by the first author. Again, further discussion here goes beyond the parameters of the study as defined by the study's objectives.

Future research would benefit from a consideration of these points. It is hoped that this study generates the necessary interest for such research to take place.

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Appendix 1

Key word/phrase	Examples discussed	Emphasized by..
Needs fulfillment	"care is when the organization knows and meets my needs"	All groups
Product/Service features	"appropriate...practical...convenient products/service"	All groups
Flexibility	product/service differentiation; availability of service, product and support facilities	All groups
The people factor	"people in the organization should be courteous, friendly, kind, sympathetic and attentive"	All groups
Security	"care involves safety and security of self and possessions"	Student group
Service delivery	factors mentioned included; timeliness, consistency, professionalism and continuity	All groups
Information	"the availability of information to make decisions"	Staff group
Accountability	"delegation of responsibility, timely and visible response to complaints"	All groups
C o m p l a i n t s procedure	"having the opportunity to respond to service received and being encouraged to do so."	All groups
Training	organizations were expected to provide adequately manned and trained points of contact	All groups
Relationships	"organizations are expected to operate in a manner which is consistent with trust and confidence... these are important factors in the building of relationships"	All groups

Appendix 2 Questionnaire

Factor 1: Commitment to Customer Care (CARECOMT)

- | | | |
|-----|--|--|
| C2. | xyz is truthful and honest in its dealings with me. | 1 2 3 4 5
Strongly disagree Strongly Agree |
| C3. | When xyz promises to do something by a certain time, it does so. | 1 2 3 4 5
Strongly disagree Strongly agree |
| C5. | xyz responds to complaints visibly. | 1 2 3 4 5
Strongly disagree Strongly agree |
| C8. | Employees of xyz get adequate support to practice customer care. | 1 2 3 4 5
Strongly disagree Strongly agree |
| C9. | My needs are consistently met by xyz. | 1 2 3 4 5
Strongly disagree Strongly agree |

Factor 2: Care Behavior (CAREBEH) :

- | | | |
|------|---|---|
| C1. | Personnel at xyz are polite, considerate and friendly. | 1 2 3 4 5
Strongly disagree Strongly agree |
| C6. | Employees of xyz are sympathetic and reassuring. | 1 2 3 4 5
Strongly disagree Strongly agree |
| C12. | xyz employees treat me fairly regardless of who I am. | 1 2 3 4 5
Strongly disagree Strongly agree |
| C25. | In general, how would you best describe employees of xyz? | 1 2 3 4 5
not at all very
approachable approachable |

Perceived Value (PV)

- | | | |
|------|---|--|
| C7. | The benefits I receive from xyz are in line with the sacrifices I have to make (e.g. Money, time, labor). | 1 2 3 4 5
Strongly disagree Strongly agree |
| C11. | My association with the xyz has been of value to me. | 1 2 3 4 5
Strongly disagree Strongly agree |

Loyalty (LOYALTY)

- | | | |
|------|--|--|
| C19. | I would say positive things about xyz to other people. | 1 2 3 4 5
Strongly disagree Strongly agree |
|------|--|--|

Appendix 2 (cont.)

- C20. I would be prepared to return to xyz for my continuing educational needs. 1 2 3 4 5
Strongly disagree Strongly agree
- C23. I would recommend xyz to someone who seeks my advice. 1 2 3 4 5
Strongly disagree Strongly agree

Complain Externally to Other Customers: (EXTCB)

- C21. I would complain to other 'customers' if I experience a problem with xyz. 1 2 3 4 5
Strongly disagree Strongly agree

Complain Internally to Figure in Authority: (INTCB)

- C22. I would complain to some authoritative figure within xyz if and when I experience a problem. 1 2 3 4 5
Strongly disagree Strongly agree

Customer Satisfaction (CS)

- C24. Considering xyz overall, my level of satisfaction can best be described as... 1 2 3 4 5
Extremely dissatisfied Extremely satisfied

Demographics

Please tick the appropriate box:

- Status: Student lecturer/ management lecturer/ non-management Support staff
- Ethnicity: White Caucasian Black
Arabic Asian
Indian Pakistani
Bangladeshi Other (please describe) _____
- Gender: Male Female

Send correspondence regarding this article to:

Dr. Dave Webb
Department of Information Management and Marketing
University of Western Australia
Faculty of Commerce and Management
Nedlands, Perth, Western Australia, 6907
AUSTRALIA