AFFECTIVE RESPONSES TOWARDS SERVICE PROVIDERS: A CATEGORIZATION THEORY PERSPECTIVE

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ABSTRACT

The purpose of this article is to investigate the role of categorization processes in credence-service evaluations. Results, based on two exploratory studies, indicate that categorization theory provides a useful basis for an examination of credence-service evaluations. Further, results also demonstrate that subjects use both evaluative impressions of the service provider (derived out of categorization processes) and interaction style (perceived personal behaviors) of the service provider in judging the overall merit of the service encounter. Managerial implications and future research directions are discussed.

INTRODUCTION

Service evaluations have been traditionally examined from a disconfirmation of expectations paradigm borrowed from the product literature (Oliver 1980). The disconfirmation model may play a significant role in explaining satisfaction with services that are high on search properties or services that involve more tangible components (such as fast food restaurants). However, the model may be inadequate to explain satisfaction with service encounters that are high on experience and credence qualities for several reasons. Specific attributes are the basis for consumers' expectations, perceptions of performance, and judgments of disconfirmation in a product context. Most credence services, by definition, offer few attributes with sufficient search properties to provide much pre-purchase information. Many credence services also exhibit heterogeneity of output as a result of their high labor component. Consequently, these service encounters are not easily reduced to concrete, multi-attribute evaluations.

Faced with such information obstacles, consumers may be forced to rely on more abstract or prototypical inferences on what such services must be like. Consequently, researchers who ask for consumers' specific, attribute-based expectations may be attempting to measure items that consumers just don't use frequently in evaluating credence-services. The use of a disconfirmation framework including pre-purchase expectations implies that consumers use cognitively derived, attribute-based expectations to judge credence services that don't supply much of that type of information.

Finally, service providers typically represent the focal point of the service for the customer (Bitner 1990). The traditional disconfirmation framework makes no provision for the consumer's affective reaction to the service provider. Oliver (1993) and Westbrook (1987) persuasively argue that satisfaction judgments should incorporate consumers' affective reactions in their composition.

The purpose of this research is to advance present understanding of service evaluations for credence type services by examining consumers' affective reactions to service providers. Specifically, we extend service evaluations literature in two directions. First, we test for the possibility of affective reactions towards the service provider preceding post-consumption evaluations by proposing categorization as an antecedent to service evaluations. Second, we test for the possibility of affective reactions towards the service provider complementing perceived performance judgements. Since the traditional disconfirmation model is well established in the literature, our interest focuses on the influences of affective reactions towards the service provider and does not include testing the traditional disconfirmation model of satisfaction. Based on the arguments put forward earlier, our interest is also centered on high credence services that involve close personal interactions. The categorization model's applicability to other types of services remains a future research possibility.

Service Encounter Evaluations

The literature on service evaluations is characterized by researchers' realization of the inherent differences between services and products and the resulting attempts to account for such differences. Service encounter evaluations have been mostly examined from a disconfirmation of

expectations perspective (Bitner 1990; Bolton and Drew 1991). Recent extensions to the disconfirmation framework included affective responses as an important component of the service satisfaction model (Oliver 1993).

Oliver (1993) proposed a model of satisfaction formation in which affect is modeled as a post-consumption process. Specifically, consumer attributions about dis/satisfaction with specific product attributes resulted in positive and negative affective reactions. In two field studies using subject evaluations of automobiles and a marketing course, support was found for the tri-component view of satisfaction as a function of cognition, affect, and direct experience.

Oliver's (1993) framework represents a significant attempt to incorporate the influence of affect on satisfaction judgments. It is noteworthy that his investigation of a service (a marketing course) revealed significantly different patterns of influence on satisfaction compared to those for the automobile judgments. Attribute-based satisfaction judgments were weakly related to overall satisfaction with the marketing course, while positive affect displayed path coefficients three times as large.

It may be possible that the informational constraints faced by respondents in generating attribute-level satisfaction judgments weakened their relationship with overall satisfaction. Within the context of credence-type service encounter evaluation, more holistic, prototypical inferences may take precedence over cognitively driven attribute-level evaluations.

In summary, although limited evidence suggests that affective evaluations play an important role in satisfaction formation, an issue to be resolved is the source of such affective reactions. We propose categorization processes to be the source of affective reactions in service situations where concrete attributes are difficult to evaluate. To explicate this possibility, we now turn our attention to a review of the categorization literature.

Categorization Processes in a Service Encounter

A growing body of literature points to the usefulness of the categorization approach in explaining various aspects of consumer behavior (e.g., Sujan 1985; Stayman, Alden, and Smith 1992). Categorization is a simplification strategy, followed by people in an attempt to reduce complexity in their environment.

Categorization of an individual is facilitated by matching the perceived attributes of an individual to a previously stored category in consumer memory. The outcome of this process is the spontaneous transfer of affect associated with the category to the target individual. Failure to match the target individual with an accessible category may result in more attribute-oriented or "piecemeal" processing (Fiske 1982).

Service encounters, especially those services high in credence qualities, are characterized by uncertainty, ambiguity and lack of pre-purchase information (Murray 1991). More often than not, a category label is the only information available to consumers under these conditions. The ambiguity and scarcity of attribute information content in many service encounters suggests that in most instances the service provider is the service from the consumer point of view and that customer reactions towards service providers may be the most salient determinants of service encounter evaluations (Bitner 1990).

In summary, due to the informational constraints present in the service environment, we propose that categorization processes constitute the source of affective reactions towards service providers, when the target service provider fits an accessible category label. A mismatch to the available category may switch the consumer to a more attribute-based "piecemeal" processing (Fiske 1982).

Once categorization processes are established in the context of a service encounter, a possibility that merits research attention involves the role of affective reactions towards the service provider in complementing the perceived performance of the service provider. In other words, do consumers make allowances in the functional quality of the service based on their positive affective reactions to the service provider? An answer to this question may provide valuable insights to managers, since both academicians as well as managers to date have placed great importance on performance and have built their strategies around that construct alone.

In summary, the following questions specify the research expectations of the study:

(1) Is categorization theory a helpful framework for understanding affective reactions towards service providers?

(2) Do positive affective reactions towards service provider enhance overall service evaluations?

The first question is the focus of the first study whereas the second question was examined in study two.

STUDY 1: CATEGORIZATION PROCESSES IN SERVICE ENCOUNTERS

The present study is based on the premise that categorization is the source of affect generated towards the service provider. Limited evidence in social psychology suggests that occupation is an important category in consumers' minds (Fiske, Neuberg, Beattie, and Milberg 1987). Specifically, if there is a match between available information and category label, the affect associated with the category is spontaneously transferred to the service provider. This category-based affective reaction is termed as an "evaluative impression" in this study.

Categorization of a specific service provider is facilitated by consumers' past experiences with service providers in a specific service category (Sujan 1985). Thus, customers can quickly and easily develop an affect-laden evaluative impression of a service provider without having to judge the service encounter performance in an attribute-by-attribute basis. Since the perception of a match between a specific service provider and an accessible category in memory can take place before the service is actually purchased and/or consumed, customers can use their evaluative impression of the service provider to judge the performance of the service. In essence, the category match provides some additional information with search-like characteristics.

The research questions were examined within the context of health care services. This choice was prompted by theoretical considerations. As argued earlier, respondents' evaluative impression of the service provider assumes importance as a determinant of service encounter evaluations when the service involved is high in experience and/or credence qualities. As the available pre-purchase cues and information content involved with a service encounter decrease, consumer reliance on heuristics should increase (Stayman et al., 1992). Accordingly, for services which require close interaction between the service provider and consumer, affect should become an important contributor to service evaluations. So, two requirements for a setting in which to test the categorization processes is that the chosen service category be high in experience and credence qualities and exhibit a strong potential for interaction between the service provider and consumer. Health care services were deemed to be appropriate to study in this context since they are high in experience and credence qualities and the typical interaction between the doctor and patient is extensive.

Procedure

The test of categorization involves extensive pretesting to establish consensual categories of interest and to assess the typical features and affect associated with the category. A typical experiment to establish categorization process involves two stages (Fiske 1982, Sujan 1985). In the first stage of the experiment, pretests are conducted to develop stimulus material and in the second stage the same stimulus material is presented to elicit the categories hypothesized in the first stage.

A series of three pretests were conducted to assess the typical features and affect associated with the category of physicians. The first issue was to establish that occupation is a potentially important category in peoples' minds and that various occupational categories elicit different affect. The second pretest was carried out to specifically test the direction of affect in the physician category.

Pretest One. Ninety undergraduate students participated in the first pretest. Two categories, physicians and lawyers were chosen to test the hypothesis that different occupational categories may elicit different affect. Half the subjects were presented with a description of a doctor and the

other half with a description of a lawyer. For purposes of this study, category-based affect was defined as a global emotional response associated with the most accessible category triggered in consumer memory. These emotional feelings are suggested to decay over time to form a generalized affective response towards the category. Past literature on categorization has operationalized category-based affect on a unidimensional scale by instructing respondents to form an impression of the target individual or a global evaluation of the individual on a single item likability scale (Fiske 1982). Keeping in view the complexity of emotions towards products proposed in consumer behavior literature (Oliver 1993; Allen, Machleit, and Marine 1988; Westbrook 1987), we used the DES (differential emotions scale) developed by Izard (1977) to measure affective responses associated with the category of physicians. Briefly, DES proposes ten primary emotions of interest, joy, surprise, sadness, anger, disgust, contempt, fear, shame, and guilt. DES has enjoyed considerable popularity in consumer research and has been reported to be a valid scale for capturing emotional responses in a product choice context (Oliver 1993; Westbrook 1987).

Subjects were instructed to think back to their past experiences with physicians (lawyers) and indicate how often they felt each of Izard's ten emotions either before, during, or after their encounter with physicians (lawyers). A set of three phrases was used to capture each of the emotion described in DES (Allen et al., 1992). For example, the emotion fear is captured by the three phrases of "feel scared, uneasy, like something might harm you"; "feel fearful, like you're in danger, very tense"; "feel afraid, shaky, and jittery". Subjects responded to each of the 30 phrases on seven point scales anchored by "never" and "very often".

The responses to the 30 phrases were summed to form an index of likability. Negative emotions were reverse scored. After confirming the unidimensionality of the scale, reliability was assessed. Both the scales had acceptable reliabilities (Cronbach's alpha for lawyers = .86; for physicians = .89). Results indicated that the physicians' category elicits significantly more positive affect compared to the lawyers' category (physicians: mean = 4.9; lawyers: mean = 2.6). The difference between the two categories was significant ($F = 61.7$, $p < .01$).

Subjects were also asked, in a free elicitation task, to list attributes characteristic of and common to the category of physicians and lawyers (Sujan 1985). The salient attributes mentioned in descending order of frequency were, knowledgeability, caring, good listening skills, friendliness and sympathy. The salient attributes mentioned in descending order of frequency for the lawyer category were greedy, shrewd, aggressive, charge too much, and shifty.

The results of the first pretest provided tentative evidence that the affect associated with the lawyer category is negative whereas physicians enjoyed positive category affect. Additionally, the free elicitation task indicated that occupation is a potentially important category in subjects' minds by eliciting consensual attributes thought to be typical of the category of physicians (lawyers). To confirm these insights, a second pretest was conducted on a different sample.

Pretest Two. Sixty undergraduate students were recruited for the second pretest. Half the subjects were presented with a list of five attributes (knowledgeable, caring, good listening skills, friendliness, and sympathetic) congruent with the physician schema and the other half were presented with attributes congruent with the lawyer schema (greedy, shrewd, aggressive, charge too much, and shifty) drawn from the previous pretest. The subjects were then asked to choose among four professionals (accountant, lawyer, physician and an architect) who would ideally fit those attributes. Additionally, they were asked to read a brief description of a typical physician (lawyer) again drawn from the first pretest, and respond to a global likability scale comprising of four items (good-bad, pleasant-unpleasant, nice-awful and likable-dislikable).

The results were in general agreement with those obtained in the first pretest. The average likability of physician category was positive (mean = 2.1, below the midpoint of 3, where 1 = positive, 5 = negative), while lawyers category elicited negative affect (mean 4.2). In the physician's sample, results revealed that 79% of the subjects chose the physician, 14% chose an architect, 5% chose an accountant and 2% chose

a lawyer as an ideal description of the attributes presented. The lawyer sample overwhelmingly rated the attributes typical of a lawyer (89% lawyer, 7% accountant, and 4% architect). The results of these two pretests indicated that the subjects held consensually understood physician (lawyer) schemas and that the affect associated with the category was positive (negative).

Method

Based on the insights gained from the pretests, two videotapes were designed, one depicting the consensual attributes typical of a physician's category, and the second depicting attributes which were shown to be a mismatch to the physician's category (attributes more typical of a lawyer category). Both videotapes portrayed a spokesperson introducing himself as the marketing director of an out of town hospital group. The spokesperson then provided a verbal description of a target physician (which was a match/mismatch to the consensual attributes found in the pretest), who was under consideration to join the hospital group. The verbal description in the match condition described the physician as "working at the hospital for over eight years. He is knowledgeable, caring, and takes time to listen to his patient's problems. His patients describe him as warm, friendly, open-minded, and sympathetic. He likes to spend enough time with his patients so as to give each patient individual attention. He is highly regarded by his colleagues and enjoys a good reputation among his patients."

The verbal description in the mismatch condition described the physician as "working at the hospital for over a year. He is greedy, shrewd, and aggressive. His patients describe him as shifty, unpleasant, arrogant, and loud. He does not spend enough time with patients and is always rushed for time. He has been known to be ambitious and impersonal. His colleagues avoid him and he does not enjoy a good reputation among his patients".

The spokespersons' verbal description was accompanied by showing the subjects a photograph of the physician. The same picture was used in both the match and mismatch conditions, only the description of the physician was varied. The spokesperson then requested the subjects to evaluate the picture along with the verbal description provided of the physician and indicate their feelings towards him on the evaluative impression scale.

The time required by subjects to respond to the evaluative impression scale (to be described shortly) was used as a measure of categorization. It was expected that subjects in the match condition would take significantly less time to provide their impression of the physician compared to their counterparts in the mismatch condition (Sujan 1985).

The videotape was pretested with another group of students who were asked how realistic, practical, and reasonable the scenario was (mean = 5.7 on a scale 1=not realistic at all to 7=very realistic). Additionally, open ended evaluations indicated that the students had no problems in relating to the scenario.

The dependent measure, evaluative impression of the physician was measured using a scale developed for this study, based on insights gained from the pretests. As indicated earlier, DES formed the basis for the measure. Since the pretests indicated a strong positive prior category affect for physicians, we included the two positive factors of interest and joy from the DES scale. Following Oliver (1993), we did not include the surprise factor because of its bivalent nature. Subjects were asked to indicate how often they experienced the two different types of emotions towards physicians on a seven point scale anchored by never and very often. The six item scale was found to be reliable with a coefficient alpha of .94. Additionally, factor analysis of the items indicated a dominant, single factor solution suggesting the unidimensional nature of the affect towards physicians in this study.

Data Collection

Data collection was facilitated by the use of a computerized questionnaire which allowed the collection of response time data. A total of 133 students (66 in the match condition and 67 in the mismatch condition), from a large southeastern university voluntarily participated in two separate computer lab sessions where they watched the videotape and completed the questionnaire. The videotape depicted the scenario described above.

Subjects were randomly assigned to groups and were instructed to indicate their feelings towards the physician on the evaluative impression scale based on the description provided. The dependent measure of interest was the evaluative impression of the physician.

Results

The effectiveness of the category match/mismatch manipulation was checked using a response time measure following Sujan (1985). The computerized questionnaire administration facilitated the automatic recording of response times for the evaluative impression measure for each subject. There was a significant difference in processing time between the match and mismatch conditions ($F_{(1,132df)} = 27.55$, $p \leq .001$). Subjects in the match condition took significantly less time to provide their evaluative impression judgments compared to subjects in the mismatch condition (mean response time (match)= 1.48 min; mean response time (mismatch) = 2.09 min).

Discussion

The results of the first study found support for categorization processes in the context of service encounters. As argued earlier, for those service categories which lack concrete attributes and where attribute evaluations pose problems for consumers, the possibility exists that affective responses towards service providers precede performance evaluations. If consumers evaluate credence service providers based on their global category affect and not based on multi-attribute evaluations, is there a possibility for this category based affect to dominate overall evaluations of the same service provider? Our next study addresses this issue.

An experiment was designed to examine the complementary role of evaluative impressions in determining service provider evaluations. Evaluative impressions and perceived behaviors of the service personnel were manipulated.

STUDY 2: THE INFLUENCE OF EVALUATIVE IMPRESSIONS ON SERVICE ENCOUNTER EVALUATIONS

Research Objectives

The goal of the second study was to demonstrate the influence of evaluative impression on service encounter evaluations by manipulating evaluative impression. The ability of a positive evaluative impression of the physician to overcome mediocre "functional" (how the service was delivered) performance was of central concern in the study. The "technical" or objective performance was held constant, since there is no ecological validity to the failure of objective performance and core service failure is neither expected nor desired by the subjects. The purpose of the study was to see whether positive evaluative impression would enhance overall service evaluations even in the presence of mediocre personal behavior (termed as interaction style in this study) of a service provider. Since positive evaluative impression was elicited as a function of a match to a good physician category, we hypothesized that a match to a bad or deviant physician category may elicit negative evaluative impression. Once again, pretests were utilized to gain insights into negatively valenced category of a "bad physician". A pretest was conducted to assess subjects' perceptions regarding attributes thought to be typical of a bad physicians' category. Thirty undergraduate students were recruited for the purpose of the pretest. The subjects were requested to write down the attributes which according to them were typical of bad physicians in general, in a free elicitation format.

An analysis of the free elicitation format indicated that subjects perceive arrogance to be the most typical attribute of a bad physician. Close-mindedness, talking down to the patients, not listening to the patients problems, and over-prescribing were other typical attributes mentioned in descending order of frequency. Some of the other attributes mentioned by only one or two subjects (like unhealthiness and smoking) were eliminated. The set of attributes obtained in the present pretest (arrogant, close-mindedness, talking down to the patients, not listening to patients problems, and over-prescribing) were used

in the development of the description of a bad physician in order to elicit negative evaluative impression. The attributes used in the first study (knowledgeable, caring, good listening skills, friendliness, and sympathy) were used to elicit positive evaluative impression.

The manipulation of interaction style was based on the personal qualities of the physician. The patient satisfaction literature suggests that the perceived performance of a physician can be seen as a function of two dimensions: personal qualities and professional qualities of the physician (Hulka and Zyzanski 1982; Smith, Bloom and Davis 1985; Tucker and Tucker 1985). We term the personal qualities of the physician as "Interaction Style" of the physician which corresponds to service attributes such as friendliness, caring, and sympathy. Professional qualities of the physician correspond to service attributes such as expertise, competence, and knowledgeability. The interaction style or personal qualities of the physician was manipulated in this study.

The positive interaction style manipulation showed the physician as friendly, empathetic, and taking time to listen to patient's problems whereas the negative interaction style manipulation showed the physician as unfriendly, pushed for time, and not listening to patient's problems.

Design and Procedure

The experiment consisted of a 2 (positive vs negative evaluative impressions) X 2 (positive vs mediocre interaction style) factorial design. The stimulus development procedure followed the first study closely. The design necessitated the addition of a negative evaluative impression and interaction style manipulations to the study. Accordingly, four different videotapes were developed depicting the same scenario used in the first study.

Subjects were shown a videotape containing the sequence of events described in the first study. Briefly, the videotape portrayed a spokesperson introducing himself as the marketing director of an out of town hospital group. The spokesperson then provided a description of a target physician which was manipulated to evoke either a positive evaluative impression or a negative evaluative impression and informed the audience that he was under consideration to join the hospital group. Specifically, the verbal description in the positive evaluative impression condition described the physician as "working at the hospital for over eight years. He is knowledgeable, caring, and takes time to listen to his patient's problems. His patients describe him as warm, friendly, open-minded, and sympathetic. He likes to spend enough time with his patients so as to give each patient individual attention. He is highly regarded by his colleagues and enjoys a good reputation among his patients."

The verbal description in the negative evaluative impression condition described the physician as "an internist at the hospital. He likes to be in-charge of the situation all the time and strongly believes that he is the only one who can make decisions about what is wrong with the patients. In the process, he usually talks "down" to his patients. He likes to overprescribe, mostly expensive medicines. He believes that most patients exaggerate their problems just to get attention. He likes to keep his patients waiting, and strongly believes that once a patient visits him, he is his property".

The spokespersons' verbal description was accompanied by showing the subjects a photograph of the physician. The same picture was used in both the positive and negative evaluative impression conditions, only the description of the physician was varied. The spokesperson then requested the subjects to evaluate the picture along with the verbal description provided of the physician and indicate their feelings towards him on the evaluative impression scale.

At this point subjects were asked to imagine a situation in which they were ill and had made an office visit to a physician with a cold, cough and flu. The videotape showed a staged interaction between the physician and a patient, portraying an office visit in which the physician gives the patient his diagnosis of the patient's condition. During the office visit, the physician appeared to be friendly, interested and concerned about the patient (positive interaction style) or pushed for time and patronizing towards the patient (mediocre interaction style). Subjects were debriefed and dismissed after collecting measures of overall service evaluation.

The videotapes were once again pretested for pragmatism, with subjects indicating that the

Table 1
Cell Means and ANOVA Tables for Service Evaluations

POS EI		NEG EI		ANOVA "F" VALUES		
POS IS	MED IS	POS IS	MED IS	EI	IS	EI x IS
4.31	1.35	3.73	1.57	.16	421.14**	4.09*

EI evaluative impression
IS interaction style
** significant p .000
* significant p .04

scenarios depicted in the videotapes reflected reasonable levels of reality (mean 5.57 on a scale from 1=not realistic at all to 7=very realistic). Subjects were undergraduate students at a large Southern University and were randomly assigned to one of the four conditions. 129 subjects (32 subjects in three cells and 33 subjects in one cell) participated in four computer lab sessions to watch a videotape of a physician patient interaction and provide their responses to a computerized questionnaire.

Measures

The experimental study involved manipulation of two independent variables (evaluative impression, and interaction style) and the dependent measure of interest was overall service evaluations. Service evaluations were measured using a five point completely dissatisfied to completely satisfied scale (are you completely dissatisfied to completely satisfied with the physician's knowledgeability, listening skill etc.), with a reliability of .83.

Evaluative impression scale was identical to the one used in the first study. An interaction style scale (alpha .96) was developed keeping in view the personal qualities explored in the past literature (listened to my problems, friendly etc.) to serve as a check for the interaction style manipulation (Smith, Bloom and Davis 1985; Tucker and Tucker 1985).

Manipulation Checks

All the manipulation check means were in the expected direction and significant differences were found across conditions. The mean score of evaluative impression manipulation check was significant ($F\ (1,127_{df}) = 27.05$, $p \leq .01$). Subjects in the positive evaluative impression group had significantly more positive perceptions of the physician compared to the negative group (positive = 3.81, negative = 3.15). The Interaction style manipulation was also successful ($F\ (1,128_{df}) = 456.00$, $p \leq .01$). Subjects in the positive interaction style condition rated the physician significantly higher on the interaction style scale compared to subjects in the mediocre condition (positive = 3.91, mediocre = 1.63).

Results

Table 1 summarizes the cell means and the analysis of variance results. The results of the experimental manipulations on subjects' perceptions of overall service with the office visit show partial support for our earlier arguments.

The results support a main effect for the interaction style manipulation on service evaluations ($F(2,127_{df}) = 421.14$, $p \leq .01$), suggesting that overall service evaluations differed as a function of positive vs mediocre interaction style. A main effect for evaluative impression on physician evaluations was not supported ($F(1,128_{df}) = .16$, $p \leq .69$). However, an interaction between evaluative impression and interaction style

was significant ($F(1,128_{df}) = 4.09$, $p \leq .04$) suggesting that subjects judged the merits of the service encounter based on both evaluative impression and interaction style.

Univariate tests of significance were conducted to test mean differences between treatment conditions. The mean difference between positive evaluative impression/ positive interaction style and negative evaluative impression/positive interaction style was significant ($F(1,128_{df}) = 12.15$, $p \leq .01$). However, the difference between positive evaluative impression/mediocre interaction style and negative evaluative impression/ mediocre interaction style conditions approached only marginal significance ($F(1,128_{df}) = 2.79$, $p \leq .10$). The main expectation was that positive evaluative impression would overcome mediocre interaction style of the physician. To test this hypothesis, we contrasted the positive evaluative impression/mediocre interaction style cell with the negative evaluative impression/ positive interaction style condition. Although there was a significant difference in the means they are directionally opposite to our expectations. In other words, service evaluations were higher in negative evaluative impression/positive interaction style condition compared to positive evaluative impression/mediocre interaction style condition (3.73 vs 1.35). Subjects' evaluations of the overall service were more influenced by the mediocre interaction style rather than the positive evaluative impression. However, positive evaluative impression did influence subjects' judgements when the interaction style was positive.

Discussion

The results of the study provide evidence for the importance of affective responses towards service providers in the service evaluation process. The role of affect (termed evaluative impression in this study) in physician evaluation was investigated with the help of an experimental design, where the level of affect towards the physician was experimentally manipulated. The ANOVA results found a significant interaction between evaluative impression and interaction style of the physician. However, a main effect due to evaluative impression failed to achieve statistical significance though a main effect due to interaction style was found to be highly significant.

GENERAL DISCUSSION

The results of the two studies in this article indicate that consumers' affective reactions have a significant influence on service evaluations within the context of health care services. The findings suggest that researchers may have to incorporate the variation in service categories (Iacobucci, Grayson, and Ostrom 1994) before coming up with aggregate models of service encounter evaluations. If affective processes impact post purchase service evaluations differentially based on the level and type of attribute information available, services theory needs to incorporate this distinction. In effect, availability of attribute information may very well be the basis for a contingency model of service evaluations.

The significance of the interaction between evaluative impression and interaction style suggests that positive and negative evaluative impression exert differential effects on overall service evaluations depending on the direction of the interaction style of the physician. Under conditions of positive evaluative impression/ positive interaction style of the physician, service evaluations were elevated. However, positive evaluative impression/mediocre interaction style manipulation produced the lowest evaluation.

Positive evaluative impression/mediocre interaction style condition produced lower service evaluations compared to negative evaluative impression/mediocre interaction style condition contrary to expectations. One explanation for the counter-intuitive results may be that consumers do not like their affect expectations to be negated. In the positive evaluative impression/mediocre interaction style condition, subjects were given a description of a physician which matched their "good physician" category, following which the physician proceeded to behave in a manner which was counter to the anticipations derived out of the subject's affect. Subjects may have been more frustrated in the above situation than in a situation where they anticipated the physician to be bad based on their affect and the physician behaved in a manner which was consistent with their anticipations (negative evaluative impression/ mediocre interaction style condition). A

comparison of means in the two conditions supports such an explanation. Negative evaluative impression/mediocre interaction style condition produced higher service evaluations than positive evaluative impression/mediocre interaction style condition.

This finding points to the possibility that more damage is done by promising subjective, intangible benefits (like friendly service and empathy) and not delivering them compared to promising objective benefits (like good parking and good equipment) and not keeping those promises. From an attributional theory perspective, it may be argued that consumers make external attributions for the failure to deliver objective benefits whereas the attribution for failure to deliver subjective benefits is always internal. Consequently, consumers may be more dissatisfied with bad service than with bad parking facilities.

In summary, the positive interaction style condition produced results consistent with expectations but in the mediocre interaction style condition, the pattern of results obtained for positive and negative evaluative impression ran contrary to expectations. Interaction style of the service provider is so central to service evaluations that any kind of manipulation of interaction style of the service provider should produce a strong reaction from the consumers. Consequently, consumers may tend to discount all other information and depend solely on the mediocre interaction style to demonstrate their dissatisfaction. However, positive interaction style facilitates information processing and consumers generate enough motivation to retrieve their schematic affect to determine their level of satisfaction. Consequently, it may be advisable, at least from a theoretical point of view, to treat interaction style as the central determinant of service evaluations and investigate the antecedents to interaction style. The pattern of results obtained in this study support such an approach, since evaluative impression could explain significant variance in service evaluations only in combination with interaction style.

The results support the suggestion that evaluative impression achieves importance in service evaluations only when the interaction style is positive. As long as the interaction style of the service provider conforms to a certain threshold level of performance predetermined by the consumers, evaluative impression achieves significance. Once this threshold level of interaction style is lowered, the lower interaction style becomes the sole determinant of service evaluations. Evaluative impression thus may be a sufficient but not a necessary condition for the determination of service encounter evaluations.

Limitations and Future Research Directions

While acknowledging the limitations of lack of generalizability due to the student sample and the simulation method used, we feel our study extends past research by incorporating schema-level affective responses as a determinant of service evaluations. Further research is clearly needed to examine the role of affective reactions in service encounter evaluation across different service categories. Additional research is also needed to extend the domain of the evaluative impression construct within the service evaluations research, and to explore the relationship between evaluative impression and information processing strategies, between evaluative impression and memory processes, and finally between evaluative impression and alternative service choice strategies.

The research reported here opens many new avenues for investigation. We hope to have kindled the interest of future researchers to further our understanding about complex constructs such as evaluative impressions since such constructs have the potential to contribute to our understanding of how consumers evaluate services with a low informational content.

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