Development and validation of the customer empowerment scale in hotel service recovery

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Development and validation of the customer empowerment scale in hotel service recovery

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The purposes of this study were to develop a measurement scale for customer empowerment (CE) in hotel service recovery and to examine the role of three experiential features (i.e. the level of empowerment awarded to a guest by the hotel, service failure type, and hotel quality) in CE. The CE measurement scale was developed by following the procedures recommended by DeVellis (1991. \textit{Scale development: Theory and applications}. Newbury Park, CA: Sage and 2003. \textit{Scale development}. Thousand Oaks, CA: Sage). The scale was tested and found to be both reliable and valid. Due to a repeated-measures design, the role of experiential features in CE was tested with linear mixed model analysis and it was found that the level of empowerment awarded to a guest by the hotel in response to his or her complaint, as well as the severity of the service failure that caused him or her to complain, influences the degree of empowerment as perceived by that guest. However, CE is not likely to increase or decrease as a result of the number of 'stars' that a hotel has. Based on this study's results, theoretical and managerial implications and opportunities for future research are further discussed.

\textbf{Keywords:} customer empowerment; complainant empowerment; customer view; service recovery; hotels

1. Introduction

He who wears the shoe knows best where it pinches. (an old proverb)

The concept of customer empowerment (CE) is not new. Traditionally, CE has been considered from the firm’s point of view wherein delegation of activities to customers may lead to greater management efficiency, as they carry out tasks that otherwise have to be carried out by the company’s employees (Fuchs & Schreier, 2011; Hoffman & Bateson, 1997). In recent years, however, research on CE has witnessed a shift from the perspective of improving task efficiency (organisation’s view) to that of offering important yet often unattended benefits to customers (customer’s view). This shift has been advocated by several scholars in healthcare, new product development (NPD), education, and service recovery research, who recognise that CE strategies can ensure happier customers, thanks to a closer fit between customer preferences and product/service attributes.

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First, there is a lack of scholarly research on the role of CE, despite CE being seen as a promising factor in explaining customer experiences and behaviours in both service and manufacturing sectors. In fact, only a handful of studies, of which a majority are conceptual in nature, have examined CE in services (i.e. Kosciulek, 1999a, 1999b, 2005; Kosciulek & Merz, 2001; Pranic & Roehl, 2012) and manufacturing (i.e. Franke et al., 2009, 2010; Fuchs et al., 2010; Fuchs & Schreier, 2011). Second, almost all CE research in the service sector has focused on rehabilitation services in the healthcare industry (Kosciulek, 1999a, 1999b, 2005; Kosciulek & Merz, 2001), while research in other service sectors, such as hotels and restaurants, remains scarce. Third, extant CE-related research has focused almost exclusively on initial (i.e. non-recovery) service encounters and NPD, while CE’s potential in enhancing service recovery remains largely unexplored (Pranic & Roehl, 2012). Furthermore, learning how to become more skilled at using guest complaints to foster innovation and effective resolution of specific service blunders (Enz, 2001) is another potential benefit of applying CE in service settings. Indeed, many hotel customers who encounter service failures are dissatisfied with the handling of their complaints (Mount & Mattila, 2009; Tax & Brown, 1998), arguably because of their inability to control and/or influence the service recovery unfolding (Pranic & Roehl, 2012).

Only one article by Pranic and Roehl (2012) has theoretically explored the notion of CE in the service recovery context, which brings us to the fourth research gap. To the best of our knowledge, no study has developed and validated a measurement scale of CE in service recovery. Therefore, this study was conducted to first develop a measurement scale from a customer’s view of the CE construct in hotel service recovery and then investigate the influence of three experiential features (i.e. the level of empowerment awarded to a guest by the hotel, service failure type, and hotel quality) on CE.

2. Literature review

As organisations often regard customers as co-producers (Bendapudi & Leone, 2003) or ‘partial’ employees (Kelley, Skinner, & Donnelly, 1992), CE has traditionally been viewed as a means for improving an organisation’s task efficiency (Fuchs & Schreier, 2011; Hoffman & Bateson, 1997). Recently, however, a new school of thought has emerged, which suggests that CE as a construct also includes the customer’s point of view.

In healthcare, this shift from the organisation’s to a customer’s view has occurred through the recent introduction of the consumer-directed theory of empowerment (CDTE; Kosciulek, 1999b). In the CDTE, CE may be broadly defined as ‘the transfer of power and control over the values, decisions, choices, and directions of human services from external entities to the consumers of services, resulting in increased motivation to participate and succeed and a greater dignity for the consumer’ (West & Parent, 1992, as cited in Kosciulek, 1999b, p. 4). However, the CDTE as a theoretical framework is limited to the provision of original/initial services in the area of healthcare rehabilitation, rendering its application to other service encounters (i.e. service recovery encounters) and situations beyond the healthcare setting (e.g. hotels, restaurants, and airline travel) questionable (Pranic & Roehl, 2012). Despite its limitations, the CDTE provides some useful conceptual and philosophical guidance for this study. In short, the major tenets of the CDTE – as it
applies to this research – are that (1) greater consumer control in service production and
delivery will lead to the perception of empowerment (Kosciulek, 1999a, 1999b, 2005;
Kosciulek & Merz, 2001) and (2) individuals should be free to make their own decisions
about the management of their own lives (Kosciulek, 1999a, 1999b, 2005).

In NPD research, empowered customers (i.e. those who participate in the new product
selection process) show stronger demand for final products than non-empowered customers
(i.e. those who do not participate in the new product selection process; Fuchs et al., 2010).
As customer preferences have become increasingly heterogeneous in many markets, and
customers progressively demand customised products (Gilmore & Pine, 1997), empower-
ment-to-select strategies allow customers to experience the feeling of having an impact in
the new product selection process. Moreover, self-tailored products create higher benefits
for customers than standard products because they deliver a closer preference fit (Franke
et al., 2009). However, a major problem arises when CE in the area of NPD is used to
study CE in the service recovery context. Namely, in NPD, consumers are empowered to
select the brand-new product concepts to be produced by the manufacturer at some point
in the future. Since NPD and service recovery vastly differ (in terms of intangibility, het-
erogeneity, inseparability, and perishability), both the usefulness and the power of NPD-
related arguments in the service recovery context are dubious.

In addition to the healthcare and NPD views of CE, McGregor (2005) offered an edu-
cational perspective on CE. Accordingly, giving someone information is enabling him or
her to do something but not empowering him or her. Hence, a truly empowered customer
must create and hold an inner perception of power and authority to take action. This is
accomplished through encouraging and enabling individuals to do things and to think for
themselves. By teaching people to act and think independently, their abilities and compe-
tence increase, they become more self-reliant, and they perceive themselves as empowered
to take action and control of conditions affecting their daily lives (Berenbaum, 1995).
McGregor’s is strictly a theoretical piece and thus does not offer any direction as to the
operationalisation of the concepts discussed.

Most recently, Pranic and Roehl (2012) presented the case for CE in the management of
service recovery encounters. Their review of organisational/employee, healthcare, commu-
nity, and educational empowerment research revealed that at an individual level in the
context of hotel service recovery, the three underlying theoretical components in CE are
information, competence, and control/influence. Information is conceptualised as both pro-
vision of and access to information by the empowered agent, to and from the external agent
or organisation, respectively (Khwaja, 2005; Minghetti, 2003). When complaining, hotel
guests in service recovery are empowered; they are able to both provide information
about their own preferences and gain information from hotel staff that may in turn
enhance their capacity to make optimal choices (Pranic & Roehl, 2012). Competence, or
self-efficacy, is conceptualised as an individual’s belief in her or his capability to ‘mobilize
the motivation, cognitive resources, and courses of action needed to meet given situational
demands’ (Wood & Bandura, 1989, p. 408). People tend to avoid activities they perceive as
exceeding their coping skills. Conversely, they get involved in situations they perceive as
within their power to handle (Menon, 2001). When complaining, hotel guests in service
recovery are empowered; they have the capacity to both articulate information about
their preferences and use information from hotel staff to make optimal choices (Pranic &
Roehl, 2012). Control or influence is conceptualised as an agent’s ability to influence a par-
ticular decision and knowledge that he or she has this ability (Khwaja, 2005). By giving
greater influence in a decision to the agent whose perspective matters most for the
outcome of the decision, we are ensuring that this agent has a high incentive to give his
or her perspective. While Pranic and Roehl’s (2012) conceptual article extends the notion of CE into (1) situations beyond original/initial service and product encounters (i.e. service recovery encounters) and (2) contexts beyond the healthcare setting (i.e. hotels, restaurants, and airline travel), it stops short of operationalisation and validation of the CE construct.

The preceding brief overview suggests that CE has recently been identified as a promising factor in ensuring happier customers, thanks to a closer fit between customer preferences and product/service attributes (Franke et al., 2009, 2010; Fuchs et al., 2010; Fuchs & Schreier, 2011; Kosciulek, 1999a, 1999b, 2005; Kosciulek & Merz, 2001; Pranic & Roehl, 2012). Therefore, the issues surrounding CE and its potentials in influencing consumers’ affective/cognitive responses, experiences, and behaviours appear to be an important concern for both researchers and practitioners. This being said, the scholarly research on the role of CE in service recovery is in its infancy, with only a single theoretical paper (i.e. Pranic & Roehl, 2012) having tackled this emerging issue. The lack of empirical research on CE in service recovery, in non-healthcare service sectors, and in general, forms the basis for this study. Through the development and validation of a measurement scale of CE in service recovery, this article seeks to make a contribution in the needed direction.

3. Methodology

This study featured a self-administered Vovici online survey (during August of 2009) whereby respondents read a number of hypothetical service recovery scenarios and used the information provided in them to indicate whether (1) empowerment level, (2) failure type, and (3) hotel quality impact the degree of customer-perceived empowerment (i.e. CE). In social science research, mental simulation is a frequently used (Carlsmith, Ellsworth, & Aronson, 1976) and an internally valid methodology for theory testing of situations having a high degree of realism, provided that the scenarios are applicable and appropriate for the sample at hand (Maute & Dubé, 1999; Schmitt, Dubé, & Leclerc, 1992).

3.1 Scenario development

The scenarios presented to the respondents describe different service recovery processes in terms of three attributes: (1) the level of empowerment awarded to a guest by the hotel (low, medium, and high), (2) service failure type (minor, moderate, and serious), and (3) hotel quality (1-star, 3-star, and 5-star; Maxham, 2001; Smith, Bolton, & Wagner, 1999; Expedia.com). Since three attributes, each with three levels, produce an unmanageable \(3^3 = 27\) possible scenarios for the respondents (Crouch & Louviere, 2004), a fractional factorial design was used to create a manageable total of nine scenarios presented to each subject (Montgomery, 1991). To narrate the hypothetical levels of each of the three attributes used in study’s scenarios, a pool of 13 potential empowerment strategies, 16 potential service failures, and 3 qualitative hotel descriptions were put together using a combination of sources – academic literature, expert testimonies, industry standards, and anecdotal examples. The three descriptions of hotel quality were borrowed and negligibly modified from the American Automobile Association, Expedia, Travelocity, Orbitz, SideStep, Hotels.com, Priceline.com, Hotwire, and Travelweb (Grossman, 2004). For example, a description of a 3-star hotel is presented in Figure 1. In order to generate three empowerment strategies and three service failure types for further analyses, two preliminary studies were carried out.
In the first study, 26 US undergraduate tourism and hospitality students rated 16 different hotel failures on a nine-point Likert scale anchored by 1 = very minor and 9 = very serious (Table 1). The analysis revealed that the respondents rated ‘wake-up call never received’ as a serious failure ($\bar{x} = 7.80$, SD = 1.94), ‘telephone problem’ as a minor failure ($\bar{x} = 3.38$, SD = 2.25), and ‘dissatisfaction with the décor of the room’ as a moderate failure ($\bar{x} = 5.15$, SD = 2.09). In the second study, three short narratives were constructed, based on the results of the first study, with each narrative describing minor, moderate, or serious service failure. Each narrative was accompanied with a set of 12 different types of empowerment strategies, which the respondents then had to rate on a nine-point Likert scale, ranging from 1 = low empowerment to 9 = high empowerment, in terms of how empowered they felt by the way the hotel responded to their complaint (Table 2).

Table 1. Ratings of service failures.

<table>
<thead>
<tr>
<th>Failure type</th>
<th>Mean a</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Wake-up call never received b</td>
<td>7.80</td>
<td>1.936</td>
</tr>
<tr>
<td>2 Stained sheets</td>
<td>7.73</td>
<td>2.089</td>
</tr>
<tr>
<td>3 Not getting the type of room the guest reserved with the credit card</td>
<td>7.65</td>
<td>2.116</td>
</tr>
<tr>
<td>4 Cigarette smell in the room</td>
<td>7.27</td>
<td>2.051</td>
</tr>
<tr>
<td>5 Room not ready upon guests’ arrival</td>
<td>7.20</td>
<td>1.915</td>
</tr>
<tr>
<td>6 Odor in the room</td>
<td>7.08</td>
<td>2.171</td>
</tr>
<tr>
<td>7 Heat/AC problems</td>
<td>6.96</td>
<td>2.126</td>
</tr>
<tr>
<td>8 Bill contains charges (e.g. pay-per-view) not ordered/requested by the guest</td>
<td>6.88</td>
<td>2.338</td>
</tr>
<tr>
<td>9 Uneven bed</td>
<td>6.50</td>
<td>2.387</td>
</tr>
<tr>
<td>10 Limo ordered by the concierge not arriving to chauffeur guests</td>
<td>6.38</td>
<td>2.299</td>
</tr>
<tr>
<td>11 Noise from the streets disturbing the guests’ sleep</td>
<td>6.04</td>
<td>2.029</td>
</tr>
<tr>
<td>12 Incorrect room service (food) order</td>
<td>5.31</td>
<td>2.429</td>
</tr>
<tr>
<td>13 Dissatisfaction with the décor of the room b</td>
<td>5.15</td>
<td>2.092</td>
</tr>
<tr>
<td>14 Dissatisfaction with the size of the room</td>
<td>4.88</td>
<td>2.108</td>
</tr>
<tr>
<td>15 No turndown service</td>
<td>4.12</td>
<td>2.519</td>
</tr>
<tr>
<td>16 Telephone problems (e.g. telephone not working) b</td>
<td>3.38</td>
<td>2.246</td>
</tr>
</tbody>
</table>

aAnchored with 1 = very minor and 9 = very serious.
bItems selected for further analysis.
A different group of 20 US undergraduate students completed this task. The analysis showed that the respondents felt most empowered when the hotel’s response to their complaint was ‘you are offered the opportunity to choose what type of action and/or compensation you prefer from the hotel’ (overall weighted $\bar{x} = 7.35$). As expected, offering a complimentary bottle of champagne was regarded as the least empowering response (overall weighted $\bar{x} = 4.51$), while ‘you are offered a room change in the same price category’ (overall weighted $\bar{x} = 4.94$) was chosen to represent medium degree of empowerment. Ultimately, the resulting three service failure types and three empowerment

<table>
<thead>
<tr>
<th>Empowerment strategy</th>
<th>Failure type</th>
<th>Telephone</th>
<th>Décor</th>
<th>Wake-up</th>
<th>Overall weighted mean$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You are offered the opportunity to choose what type of action and/or compensation you prefer from the hotel$^b$</td>
<td>6.86</td>
<td>7.88</td>
<td>7.75</td>
<td>7.35</td>
</tr>
<tr>
<td>2</td>
<td>You are offered a choice among a bottle of champagne, a partial refund, a room change, or a gift certificate for use at the same hotel unit at any time</td>
<td>6.91</td>
<td>6.75</td>
<td>7.13</td>
<td>6.86</td>
</tr>
<tr>
<td>3</td>
<td>You are offered a choice among a bottle of champagne, a partial refund/discount, or a gift certificate for use at the same hotel unit at any time</td>
<td>7.18</td>
<td>6.67</td>
<td>6.81</td>
<td>6.85</td>
</tr>
<tr>
<td>4</td>
<td>You are offered a room upgrade (to the higher-price category)</td>
<td>6.39</td>
<td>6.73</td>
<td>6.06</td>
<td>6.33</td>
</tr>
<tr>
<td>5</td>
<td>You are offered a choice between a bottle of champagne or a partial refund</td>
<td>6.65</td>
<td>6.13</td>
<td>6.13</td>
<td>6.28</td>
</tr>
<tr>
<td>6</td>
<td>You are offered a gift certificate for use at any of the chain’s properties at any time</td>
<td>6.43</td>
<td>6.13</td>
<td>6.31</td>
<td>6.24</td>
</tr>
<tr>
<td>7</td>
<td>You are offered a gift certificate for use at the same hotel unit at any time</td>
<td>6.17</td>
<td>6.38</td>
<td>6.38</td>
<td>6.23</td>
</tr>
<tr>
<td>8</td>
<td>You are offered a partial refund/discount</td>
<td>6.09</td>
<td>6.31</td>
<td>6.38</td>
<td>6.18</td>
</tr>
<tr>
<td>9</td>
<td>You are offered a gift certificate for use at any of the chain’s properties within a pre-specified time period</td>
<td>5.30</td>
<td>5.69</td>
<td>6.38</td>
<td>5.67</td>
</tr>
<tr>
<td>10</td>
<td>You are offered a gift certificate for use at the same hotel unit within a pre-specified time period</td>
<td>4.61</td>
<td>5.19</td>
<td>5.75</td>
<td>5.06</td>
</tr>
<tr>
<td>11</td>
<td>You are offered a room change (in the same price category)$^b$</td>
<td>4.96</td>
<td>5.13</td>
<td>4.88</td>
<td>4.94</td>
</tr>
<tr>
<td>12</td>
<td>You are offered a complimentary bottle of champagne$^b$</td>
<td>5.86</td>
<td>3.50</td>
<td>3.75</td>
<td>4.51</td>
</tr>
</tbody>
</table>

$n = 23$ for all strategies.

$^a$Anchored with 1 = low empowerment and 9 = high empowerment.

$^b$Items selected for further analysis.
strategies were then used as inputs in each of the nine survey scenarios. For instance, one of the nine scenarios contained the following combination: high empowerment level, minor service failure, and description of a 3-star hotel (Figure 1).

3.2 Scale development for the CE construct

The measure of CE had to be developed specifically for this study, for two primary reasons. First, there does not appear to be a widely used validated CE measurement scale available to the service recovery literature (Pranic & Roehl, 2012). Second, all the scale items had to be specifically adapted to the particular research setting involved in this study – the service recovery process in a lodging establishment. The measure development process was patterned on the DeVellis (1991, 2003) set of specific guidelines for scale development. These guidelines are (in chronological order) as follows: (1) determine clearly what it is one wants to measure, (2) generate an item pool, (3) determine the format for measurement, (4) have an initial item pool reviewed by experts, (5) consider inclusion of validation items, (6) administer items to a development sample, (7) evaluate the items, and (8) optimise scale length.

3.2.1 Determination of what is being measured

Based on Pranic and Roehl's (2012) review of the various streams of empowerment research, an empowered complainant was broadly defined as one who has information, competence, and influence in the service recovery process. CE is manifested in three dimensions (information, competence, and influence) that are argued to combine additively to create an overall construct of CE in hotel service recovery. Additionally, CE is a continuous variable wherein complainants are more empowered or less empowered, rather than empowered or not empowered (Spreitzer, 1995). Thus, the decrease in any single dimension will reduce – albeit not completely eliminate – the overall degree of felt empowerment.

3.2.2 Generation of an item pool

The review of the theoretical and empirical organisational/employee (Carson, Carson, Roe, Birkenmeier, & Phillips, 1999; Ellefsen & Hamilton, 2000; Kim, 2002; Lin, 2002; Menon, 2001; Spreitzer, 1995), healthcare (Kosciulek, 2005; Kosciulek & Merz, 2001; Rogers, Chamberlin, Ellison, & Crean, 1997), community (Alsop & Heinsohn, 2005; Grootaert, Narayan, Jones, & Woolcock, 2004; Khwaja, 2005), and educational (McGregor, 2005) empowerment literature yielded an initial pool containing 67 items of relevance to this study (17 information, 40 control, and 10 competence items). All the items were modified in order to display a positive wording format (Baker & Fesenmaier, 1997).

3.2.3 Determination of the measurement format

From the two influential articles by Miller (1956) and Cox (1980), the seven-point scale (±2 points) appears to be a reasonable range for the optimal number of response alternatives. Similarly, in terms of reliability, validity, discriminating power, and respondent preferences, the scale with around seven response categories consistently outperforms scales with either fewer (i.e. <5) or greater (i.e. >10) number of response categories (Preston & Colman, 2000). Thus, a seven-point Likert scale was selected to capture the subsequent items operationalising the CE construct.
3.2.4 Expert review of an initial item pool

As a result of a review by three social science research experts, wording of some items was modified in favour of relevance, clarity, and completeness. Additionally, some items were deleted because they had been judged either redundant or somewhat disconnected from the concepts they were supposed to measure. At the end of the day, following an expert review, the initial 67-item pool was eventually reduced to a pool made up of 51 items for further consideration (14 information, 27 control, and 10 competence items).

3.2.5 Consideration of inclusion of validation items

For this study, there were no authenticated validation items for inclusion in the single scale measuring the CE construct. However, several constructs, that is, affect, process quality, fairness/equity, and process complaint satisfaction, are argued to be theoretically related to CE (Pranic & Roehl, 2012). Thus, future research will serve to empirically validate or invalidate the CE scale.

3.2.6 Administration of the items to a development sample

The 51 items were administered by the open card-sorting method to a sample of 26 undergraduate students (Capra, 2005; Dong, Martin, & Waldo, 2001; Fincher & Tenenberg, 2005; Upchurch, Rugg, & Kitchenham, 2001). First, all the 51 items were printed one item per index card. Index cards were then split into three different groups (i.e. A, B, and C) that mirrored three CE dimensions (i.e. information, control, and competence). Thus, group A contained 14 information items, group B had 27 control items, and group C included 10 competence items. Next, each respondent received a set of 14 A index cards and a sufficient number of blue-coloured blank index cards to be used as labels. As per instructions, they read through the cards in order to become familiar with them. They then sorted the cards into piles so that cards carrying a common/similar theme were placed together in a pile. There was no limit as to how many common/similar themes they were allowed to identify and each theme could have represented one or more cards. The respondents then repeated the above steps for card sets B and C. Once all the three sets of index cards were sorted and labelled, the open card-sorting task was complete.

3.2.7 Item evaluation

After all the three sets of index cards were sorted and labelled in the card-sorting task, three separate similarity matrices were constructed, one for each set of cards. A similarity matrix is a table in which both the rows and columns are the units of analysis and the cell entries are a measure of similarity or distance for any pair of items (i.e. index cards). This measure of distance reflected the percentage of times that a pair of cards were sorted into the same pile. Next, in SPSS, three agglomerative hierarchical cluster analyses with Ward’s method and squared Euclidean distance were executed (Dong et al., 2001; Fisher, 1969; Gerard, 1957; Hair, Anderson, Tatham, & Black, 1998; Martin & Kidwell, 2001; Punj & Stewart, 1983), using the three similarity matrices as inputs. The analyses produced three dendrograms (Hartigan, 1967) representing three CE dimensions. The information dimension dendrogram produced a three-cluster solution that showed a 7-item cluster, a 3-item cluster, and a 4-item cluster. Next, coefficient alphas were calculated to assess the internal consistency reliability of the three derived clusters. For the 7-item cluster, a 4-item subscale achieved the highest Cronbach’s $\alpha$ (0.98). Cronbach’s alphas for the 3-item cluster and the
4-item cluster were shown to be 0.92 and 0.76, respectively. The control dendrograms produced a two-cluster solution that showed a 15-item cluster and a 7-item cluster. Cronbach’s \( \alpha \) (0.98) showed that the 15-item cluster had a 4-item subscale that was very reliable. In the 7-item cluster, a 3-item subscale achieved the highest Cronbach’s \( \alpha \) (0.93). The competence dendrograms produced a two-cluster solution that showed a 4-item cluster and a 3-item cluster. Removing one item from the 4-item cluster yielded a 0.98 coefficient \( \alpha \). The \( \alpha \) coefficient for the 3-item cluster was 0.91.

3.2.8 Optimisation of scale length

Scale parsimony (Hinkin, 1995; Roznowski, 1989; Schmitt & Stults, 1985) was achieved by deletion of poorly performing items as identified in the agglomerative hierarchical cluster analyses described above. Thus, 24 items (Table 3) were retained from the previous seven steps (11 information, 7 control, and 6 competence items). This 24-item scale yielded the highest subscale reliabilities for the fewest items measuring CE in hotel service recovery.

Table 3. A final measurement scale of CE in hotel service recovery.

<table>
<thead>
<tr>
<th>Item</th>
<th>Information dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFO1</td>
<td>Complaining customers have more possibilities to receive information about available complaint-related options from employee</td>
</tr>
<tr>
<td>INFO2</td>
<td>Complaining customers have more possibilities to seek out complaint-related ideas from employees</td>
</tr>
<tr>
<td>INFO3</td>
<td>Complaining customers have more possibilities to receive helpful complaint-related information from employee</td>
</tr>
<tr>
<td>INFO4</td>
<td>Complaining customers have more possibilities to be sought out by employee for customer-known, complaint-related information</td>
</tr>
<tr>
<td>INFO5</td>
<td>I understand/understood the employee’s response to my complaint</td>
</tr>
<tr>
<td>INFO6</td>
<td>The employee told me about the solutions to my complaint I could choose at the hotel</td>
</tr>
<tr>
<td>INFO7</td>
<td>The employee helped me understand which different complaint-resolution options were available so I could make the best choice</td>
</tr>
<tr>
<td>INFO8</td>
<td>I can obtain complaint-related information upon request</td>
</tr>
<tr>
<td>INFO9</td>
<td>There is a free flow of complaint-related information</td>
</tr>
<tr>
<td>INFO10</td>
<td>Hotel MMM is characterized by effective complaint-related communication</td>
</tr>
<tr>
<td>INFO11</td>
<td>I had/have access to the complaint-related information necessary to make sound choices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Control/influence dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONT12</td>
<td>I have a great deal of control over what happens after I complain</td>
</tr>
<tr>
<td>CONT13</td>
<td>I have significant influence over what happens after I complain</td>
</tr>
<tr>
<td>CONT14</td>
<td>I can influence the way my complaint is handled at MMM Hotel</td>
</tr>
<tr>
<td>CONT15</td>
<td>I can influence complaint-related decisions taken at MMM Hotel</td>
</tr>
<tr>
<td>CONT16</td>
<td>I feel that I had input in the development of the solution to my complaint</td>
</tr>
<tr>
<td>CONT17</td>
<td>I had a greater amount of participation in complaint resolution</td>
</tr>
<tr>
<td>CONT18</td>
<td>I feel very involved in the complaint handling process at the moment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Competence dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP19</td>
<td>I have the capabilities required to handle my complaint</td>
</tr>
<tr>
<td>COMP20</td>
<td>I have the skills and abilities to handle my complaint</td>
</tr>
<tr>
<td>COMP21</td>
<td>I have the competence to handle my complaint</td>
</tr>
<tr>
<td>COMP22</td>
<td>I am confident about my ability to resolve my complaint</td>
</tr>
<tr>
<td>COMP23</td>
<td>I am self-assured about my capabilities to fix my problem</td>
</tr>
<tr>
<td>COMP24</td>
<td>I feel that I can make my own personal decisions regarding my complaint if I want to</td>
</tr>
</tbody>
</table>
3.3 Pre-testing the instrument

The web survey instrument for this study was designed as an 11-page web booklet. Questionnaire design followed the established guidelines for mail and Internet surveys (Dillman, 2000). The first page of the instrument contained general survey instructions presented in the ‘follow-these-steps’ format that, if followed, was supposed to aid the respondents in navigating through the survey. Located at the bottom of every page was the survey progress mark. The second page comprised a warm-up hypothetical scenario and 10 warm-up questions that were to get the respondents accustomed to the web survey’s logic and format. Pages 3–11 each began with a hypothetical scenario, followed by a set of 24 unnumbered Likert-type questions about the information contained in each scenario. Each scenario was inside a text box with a different background colour, the latter being used to supply the respondents with visual cues to differences among scenarios. Moreover, each scenario contained a unique combination of three attributes, each of which had three levels (these were discussed earlier). The 24-item scale on each of the pages 3–11 was divided into three sections, with questions within each of the three sections sequentially rotated on each of the nine pages so to avoid question order bias (Drury & Farhoomand, 1997). The first section, questions 1–11 (Q1–Q11), assessed the informational aspects of CE. The second and third sections evaluated the control (Q12–Q18) and competence (Q19–Q24) aspects of CE. The final page of the instrument also contained five demographic questions that measured respondents’ age, gender, income, education level, and frequency of hotel patronage.

As expected, the seven tourism and hospitality graduate students who web-pretested the survey expressed concern about the anticipated response rate due to the length of time (i.e. 30–40 minutes) required for survey completion. Their (indeed legitimate) concerns were alleviated after they learnt about the steps undertaken to combat this non-trivial issue (i.e. the provision of an attractive incentive to the respondent sample). Other than the time issue, there were only a few typos that were easily corrected. In summary, all the respondents found the web survey to be well designed, interesting, straightforward, and Internet user friendly.

3.4 Participants and procedures

Since larger samples result in increased power (Wilson Van Voorhis & Morgan, 2007), the question that naturally follows is how many subjects does it take to ensure internal validity in this study? The review of the numerous rules of thumb (e.g. Green, 1991) suggests that the recommended case-to-variable ratio ranges from the minimum 5:1 (Bartlett, Kotrlik, & Higgins, 2001; Tabachnick & Fidell, 1989) to 10:1 (Halinski & Feldt, 1970; Miller & Kunc, 1973) and the even more conservative ratio of 25:1 (Schmidt, 1971). Thus, for this study’s survey instrument with 24 variables, an adequate sample size would be between 120 and 600 cases (e.g. 5 cases × 24 variables = 120), with 120 being on the low end of acceptability. However, since this study features a repeated-measures design (i.e. each of the 9 scenarios is followed by a set of 24 questionnaire items), a total of 120–600 cases would actually amount to 1080–5400 cases (e.g. 120 cases × 9 scenarios = 1080). This study’s survey administration generated 139 usable responses. Working backwards, it appears as though a sample of 139 respondents (cases) is adequate for this study’s subsequent data analysis (i.e. 139 cases × 9 scenarios = total of 1251 cases; 1251 cases/24 variables = 52:1 case-to-variable ratio).

A large urban US university provided the sampling frame containing 507 valid university e-mail addresses with the corresponding first names of its undergraduate students majoring in tourism and hospitality. Since this procedure represents a convenience sampling technique, naturally it raises questions about the generalisability of this study’s
findings to a larger population (Malhotra, 1996). Since the goal of this study was theory research beyond the research setting (i.e. to test the relationships among the variables), it is the theory that should be generalisable, rather than the particular empirical results (Calder, Phillips, & Tybout, 1981, 1982; McGrath & Brinberg, 1983). The preferred theory research procedure, however, is to employ the maximally homogeneous sample (Cook & Campbell, 1975) because it typically provides a stronger test of the theory and a lower error variance (Calder et al., 1981). While it is difficult to simultaneously establish high levels of both internal validity and external validity (Cook & Campbell, 1979), the issue of internal validity is of primary concern in theoretical research (Calder et al., 1982; Cook & Campbell, 1979). In practice, external validity is often sacrificed in favour of the greater statistical power that comes through having isolated settings, standardised procedures, and homogeneous respondent populations. Thus, given the goals of this research (i.e. theory disconfirmation), a non-probability convenience sample involving a homogeneous group of tourism and hospitality students was justified because these students were expected to be broadly familiar with hotel services and their shared characteristics would act as a partial control on variables not directly related to our hypotheses.

After having secured access to the sample of 507 university undergraduate students, all e-mail correspondence was conducted using blind carbon copy, so as to assure respondent privacy and to avoid appearance of mass e-mailing. Initially, a first (baseline) e-mail (E1) informing the respondents about the source, scope, nature, and date of the approaching survey was sent. Two days later, E2 followed with an electronic link to the survey. Nine days from baseline, E3 was sent as a reminder to complete the questionnaire. Fifteen days from baseline, a second reminder (E4) was sent. Ultimately, this study achieved a 27% response rate (507 distributed surveys via e-mail/139 valid responses received = 0.27). However, during survey administration, some respondents replied that they had already graduated from the university, thus it became apparent that the university’s database was not most up to date. Yet, since the goal of this study was theory research involving experimental manipulation of key variables, a 27% response rate coming from a reasonably homogeneous sample should reduce extraneous sources of variation, thus providing for a strong test of relationships among this study’s variables.

The analysis involved three parts. Initially, we examined the reliability and validity of the CE scale. We used Cronbach’s coefficient alpha not only to assess scale reliability (Nunnally, 1978), but also to establish convergent (internal consistency) validity, because alpha generally increases when the correlations between the items increase (Garson, 2011). Content validity was established initially through a literature review and by the measure development process patterned on the DeVellis (1991, 2003) guidelines. Exploratory factor analysis (EFA) was used to demonstrate overall construct validity (i.e. convergent and divergent validity; Burns & Grove, 2005; DeVon et al., 2007; Roberts, Priest, & Traynor, 2006). Convergent validity was assessed by factoring items for each construct separately in order to demonstrate whether the scale items for a given construct load unambiguously on their own factor (Garson, 2011). Divergent validity was evaluated by factoring all items for all constructs together in order to show whether the scale items for different constructs load most heavily on different factors (Garson, 2011; Straub, 1989).

The second part of the analysis tested the effect of experiential features (i.e. empowerment level, failure type, and hotel quality) on CE. The third part of the analysis tested the effect of demographic characteristics (i.e. gender, age, education, income, and hotel experience) on CE. Overall, linear mixed model (LMM) analysis was used to test both the second and third parts of the analysis. Popularised by Laird and Ware (1982), the LMM – as a form of the Generalised Estimating Equations – extends the Generalised Linear Model to allow
for analysis of repeated measurements or other correlated data (Hanley, Negassa, Edwardes, & Forrester, 2003; Zorn, 2001). The fact that each person was represented repeatedly in our data set means that there is a lack of independence among the observations, which may produce inaccurate standard errors and misleading results (Burton, Gurrin, & Sly, 1998).

4. Results

4.1 Descriptive statistics

An average respondent in this sample can best be described as a female (55%), age 24 or younger (90%), having some college education (91%), and with an income below $35,000 (77%). The respondents have considerable experience as guests in lodging facilities (e.g. hotel and bed and breakfast). The majority of the respondents (94%) spend at least one night at a lodging facility of any type in a typical year. Over 70% of the respondents spend at least one night at a lodging facility of any type, on a minimum of two separate occasions in a typical year. Furthermore, over 41% of the respondents spend at least one night at a lodging facility of any type, on a minimum of three separate occasions in a typical year. In addition, over 18% of the respondents reported four or more separate stays of one night or longer in a typical year.

4.2 Reliability and validity

The overall 24-item CE scale achieved a 0.98 $\alpha$ coefficient. The information, control, and competence subscales achieved 0.96, 0.96, and 0.95 alphas, respectively. Thus, all the values of alpha appear well above the minimum acceptable guideline of 0.70 for new scales (DeVellis, 2003; Nunnally, 1978). Therefore, the reported alpha values show support for both scale reliability and convergent validity (Garson, 2011; Nunnally, 1978). The Kaiser–Meyer–Olkin measure of sampling adequacy was 0.979, and Bartlett’s test of sphericity was significant ($\chi^2 = 36028.628$, df = 260, $p < 0.001$), thus indicating that the data were appropriate for EFA. The Cattell scree test and the ‘Eigenvalue > 1’ criterion suggested a three-factor solution accounting for 79.3% of the variance. Using a factor loading cut-off of 0.50, the factor loadings given in Table 4 indicate that the Control (CONT12–18) and Competence (COMP19–24) subscales loaded on separate factors, while Information may actually be two subscales, with INFO1–4 and INFO5–11 loading on different factors. Since Table 4 reports factor loadings that are generally ‘clean and high’ between factors that should represent different theoretical subconstructs, it provides valuable insight into construct validity. For instance, all six competence items loaded heavily on factor 2, which is indicative of a good convergent validity. Overall, while 17 of 24 items loaded unambiguously on their own factors, the remaining seven items (INFO5–11) did not load as expected. Nonetheless, there appeared to be a good convergent validity for the overall CE scale since 70% of the items loaded heavily on their respective factors and communality estimates for all the variables were acceptable. In addition, since items for the three different subconstructs for the most part loaded heavily on the three different factors, these results lend support to the concept of divergent validity in this study.

4.3 Inferential statistics

4.3.1 Overall CE

In a summary of the estimates of covariance parameters in the LMM, the intercept (subject) was significant by the Wald test, which suggests that the degree of the overall CE varies
between individuals. Interestingly, the majority of variance (77%) in CE was attributable to variability within respondents, thus suggesting that (1) individual respondents reacted differently to dissimilar scenarios, (2) it is the manipulation of treatment levels that drove most of the variation in CE, and (3) the repeated measures did not produce significant intra-class correlations within individuals and, as such, the assumption of observation independency (Burton et al., 1998; Feldman, 1988) appears not to be critically violated. The last point was further supported after having run a regression analysis on the same data set and then examining the similarity of statistical outputs between the LMM and regression, specifically the values of coefficients, \( t \)-values, and the associated probabilities (Table 5).

While coefficients/estimates were identical in both the LMM and regression, the \( p \)-values were almost identical (with the exception of EXP4), and the \( t \)-values of repeated measures (EMPh, EMPm, FAILs, FAILm, QUAL5, and QUAL3) were somewhat lower in the regression than in LMM. Since the \( t \)-value is obtained simply by dividing either the regression or the LMM coefficient by its standard error, the apparent small differences in EXP4 and \( t \)-values between LMM and regression are driven by the denominator (i.e. standard error) in the \( t \)-statistic.

The variables representing the degree of empowerment treatment effects (high empowerment [EMPh] and medium empowerment [EMPm]) and failure type treatment (serious failure [FAILs] and moderate failure [FAILm]) were strongly statistically significant, whereas those representing hotel quality treatment (5-star hotel [QUAL5] and 3-star

<table>
<thead>
<tr>
<th>Item</th>
<th>Component 1</th>
<th>Component 2</th>
<th>Component 3</th>
<th>Communality estimates (( h^2 ))</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFO7</td>
<td>0.804</td>
<td>0.271</td>
<td>0.246</td>
<td>0.780</td>
</tr>
<tr>
<td>INFO6</td>
<td>0.778</td>
<td>0.257</td>
<td>0.258</td>
<td>0.738</td>
</tr>
<tr>
<td>INFO11</td>
<td>0.743</td>
<td>0.299</td>
<td>0.383</td>
<td>0.789</td>
</tr>
<tr>
<td>INFO9</td>
<td>0.732</td>
<td>0.255</td>
<td>0.373</td>
<td>0.739</td>
</tr>
<tr>
<td>INFO10</td>
<td>0.717</td>
<td>0.271</td>
<td>0.418</td>
<td>0.762</td>
</tr>
<tr>
<td>INFO8</td>
<td>0.658</td>
<td>0.307</td>
<td>0.457</td>
<td>0.736</td>
</tr>
<tr>
<td>INFO5</td>
<td>0.585</td>
<td>0.361</td>
<td>0.390</td>
<td>0.625</td>
</tr>
<tr>
<td>INFO3</td>
<td>0.386</td>
<td>0.281</td>
<td>0.797</td>
<td>0.863</td>
</tr>
<tr>
<td>INFO1</td>
<td>0.396</td>
<td>0.259</td>
<td>0.795</td>
<td>0.855</td>
</tr>
<tr>
<td>INFO4</td>
<td>0.376</td>
<td>0.241</td>
<td>0.792</td>
<td>0.826</td>
</tr>
<tr>
<td>INFO2</td>
<td>0.387</td>
<td>0.314</td>
<td>0.780</td>
<td>0.857</td>
</tr>
<tr>
<td>CONT12</td>
<td>0.747</td>
<td>0.333</td>
<td>0.332</td>
<td>0.779</td>
</tr>
<tr>
<td>CONT13</td>
<td>0.733</td>
<td>0.369</td>
<td>0.326</td>
<td>0.779</td>
</tr>
<tr>
<td>CONT18</td>
<td>0.714</td>
<td>0.463</td>
<td>0.285</td>
<td>0.805</td>
</tr>
<tr>
<td>CONT16</td>
<td>0.711</td>
<td>0.475</td>
<td>0.237</td>
<td>0.788</td>
</tr>
<tr>
<td>CONT14</td>
<td>0.699</td>
<td>0.377</td>
<td>0.378</td>
<td>0.774</td>
</tr>
<tr>
<td>CONT17</td>
<td>0.692</td>
<td>0.453</td>
<td>0.306</td>
<td>0.777</td>
</tr>
<tr>
<td>CONT15</td>
<td>0.666</td>
<td>0.474</td>
<td>0.321</td>
<td>0.771</td>
</tr>
<tr>
<td>COMP20</td>
<td>0.272</td>
<td>0.848</td>
<td>0.230</td>
<td>0.846</td>
</tr>
<tr>
<td>COMP19</td>
<td>0.312</td>
<td>0.843</td>
<td>0.232</td>
<td>0.861</td>
</tr>
<tr>
<td>COMP21</td>
<td>0.261</td>
<td>0.836</td>
<td>0.251</td>
<td>0.830</td>
</tr>
<tr>
<td>COMP22</td>
<td>0.359</td>
<td>0.809</td>
<td>0.258</td>
<td>0.850</td>
</tr>
<tr>
<td>COMP23</td>
<td>0.358</td>
<td>0.807</td>
<td>0.233</td>
<td>0.834</td>
</tr>
<tr>
<td>COMP24</td>
<td>0.451</td>
<td>0.723</td>
<td>0.195</td>
<td>0.763</td>
</tr>
</tbody>
</table>

Notes: Extraction method: principal component analysis. Rotation method: varimax with Kaiser normalisation. Bold font indicates loadings greater than the 0.5 threshold.
hotel [QUAL3]) were not statistically significant. This suggests that CE significantly varies across empowerment and failure type treatment conditions within the same individual. From Table 5, it follows that the EMPm treatment level lowers the observed degree of customer-perceived empowerment (i.e. CE) by a little over 21 units compared with the EMPh treatment level. Similarly, those in the low empowerment treatment perceived their degree of CE as 38.16 units less than those in the high empowerment treatment and 16.77 units less than those in the medium empowerment treatment (38.16–21.39), with all other variables being equal. Yet it was not immediately apparent whether EMPh and EMPm were different from each other. A t-test (i.e. $t = (\text{EMPh} - \text{EMPm})/\sqrt{\text{var (EMPh)} + \text{var (EMPm)} - 2\text{cov (EMPh,EMPm)}}$) for the difference in regression coefficients (Hardy, 1993), using the conventional $\alpha = 0.05$ to determine critical $t$-values of $\pm 1.96$, produced a $t$-value of 10.59, thus suggesting that the EMPh treatment level averages higher degree of CE compared with the EMPm treatment level.

The results further revealed that the moderate failure treatment (FAILm) increases the observed degree of CE by a little over 6 units compared with the serious failure treatment level (FAILs). Similarly, those in the minor failure treatment perceived their degree of CE as 22.41 units more than those in the FAILs treatment and 15.67 units more than those in the

<table>
<thead>
<tr>
<th>Variable</th>
<th>LMM Estimates</th>
<th>$t$</th>
<th>$p$</th>
<th>Regression Unstandardised coefficients</th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPPh$^a$</td>
<td>38.16</td>
<td>21.74</td>
<td>0.000***</td>
<td>38.16</td>
<td>18.86</td>
<td>0.000***</td>
</tr>
<tr>
<td>EMPPm$^b$</td>
<td>16.77</td>
<td>9.44</td>
<td>0.000***</td>
<td>16.77</td>
<td>8.29</td>
<td>0.000***</td>
</tr>
<tr>
<td>FAILS$^c$</td>
<td>-22.41</td>
<td>-12.61</td>
<td>0.000***</td>
<td>-22.41</td>
<td>-11.08</td>
<td>0.000***</td>
</tr>
<tr>
<td>FAILIm$^d$</td>
<td>-15.67</td>
<td>-8.82</td>
<td>0.000***</td>
<td>-15.67</td>
<td>-7.74</td>
<td>0.000***</td>
</tr>
<tr>
<td>QUAL5$^e$</td>
<td>1.54</td>
<td>0.87</td>
<td>0.386</td>
<td>1.54</td>
<td>0.76</td>
<td>0.446</td>
</tr>
<tr>
<td>QUAL3$^f$</td>
<td>1.84</td>
<td>1.03</td>
<td>0.301</td>
<td>1.84</td>
<td>0.90</td>
<td>0.363</td>
</tr>
<tr>
<td>SEX</td>
<td>1.86</td>
<td>0.63</td>
<td>0.527</td>
<td>1.86</td>
<td>1.09</td>
<td>0.276</td>
</tr>
<tr>
<td>AGE</td>
<td>-1.37</td>
<td>-0.24</td>
<td>0.807</td>
<td>-1.37</td>
<td>-0.42</td>
<td>0.674</td>
</tr>
<tr>
<td>EDU$^g$</td>
<td>0.20</td>
<td>0.03</td>
<td>0.973</td>
<td>0.20</td>
<td>0.06</td>
<td>0.953</td>
</tr>
<tr>
<td>INC$^h$</td>
<td>-3.37</td>
<td>-0.49</td>
<td>0.622</td>
<td>-3.37</td>
<td>-0.85</td>
<td>0.395</td>
</tr>
<tr>
<td>INC$^i$</td>
<td>1.44</td>
<td>0.19</td>
<td>0.847</td>
<td>1.44</td>
<td>0.33</td>
<td>0.739</td>
</tr>
<tr>
<td>EXP1$^j$</td>
<td>3.75</td>
<td>0.56</td>
<td>0.578</td>
<td>3.75</td>
<td>0.96</td>
<td>0.337</td>
</tr>
<tr>
<td>EXP2$^k$</td>
<td>2.19</td>
<td>0.33</td>
<td>0.738</td>
<td>2.19</td>
<td>0.58</td>
<td>0.564</td>
</tr>
<tr>
<td>EXP3$^l$</td>
<td>4.68</td>
<td>0.69</td>
<td>0.488</td>
<td>4.68</td>
<td>1.19</td>
<td>0.232</td>
</tr>
<tr>
<td>EXP4$^m$</td>
<td>8.03</td>
<td>1.17</td>
<td>0.242</td>
<td>8.03</td>
<td>2.02</td>
<td>0.044**</td>
</tr>
</tbody>
</table>

$^a$High empowerment level.
$^b$Medium empowerment level.
$^c$Serious failure.
$^d$Moderate failure.
$^e$5-star hotel.
$^f$3-star hotel.
$^g$Education.
$^h$Income <$US35,000.
$^i$Prefer not to give income level.
$^j$On 1 occasion, spent ≥ 1 night(s) at a lodging facility.
$^k$On 2 occasions, spent ≥ 1 night(s) lodging.
$^l$On 3 occasions, spent ≥ 1 night(s).
$^m$On ≥ 4 occasions, spent ≥ 1 night(s).

$p < 0.05$.

$^{**} p < 0.01$.

$^{***} p < 0.001$. 

L. Pranić and W.S. Roehl

Downloaded by [Ljudevit Prani] at 09:22 10 July 2012
FAILm treatment (22.41–6.74), with all other variables being equal. Using a t-test for the difference in regression coefficients, the resulting t-value of −3.33 showed that the FAILm treatment level averages a higher degree of CE when compared with the FAILs treatment level. Furthermore, the variables representing gender (SEX), age (AGE), education (EDU), income (INC), and hotel experience (EXP) were not statistically significant in the LMM.

4.3.2 Analyses of the three CE subconstructs

In the estimates of covariance parameters in the LMM, the intercepts (subject) were significant by the Wald test, which suggests that information (INFO), control (CNTRL), and competence (COMP) vary between individuals. Moreover, 79% of variance in INFO, 81% of variance in CNTRL, and 67% of variance in COMP were attributable to variability within subjects. Again, these findings suggest that (1) individual respondents reacted differently to dissimilar scenarios, (2) it is the manipulation of treatment levels that drove most of the variation in INFO, CNTRL, and COMP, and (3) the repeated measures did not produce significant intra-class correlations within individuals and, as such, the assumption of observation independency (Burton et al., 1998; Feldman, 1988) appears not to be violated. As with CE, the LMM and regression estimates showed identical effects and levels of statistical significance across all independent variables in INFO, CNTRL, and COMP; however, their detailed presentation is omitted for brevity.

5. Discussion and conclusion

This study explored CE in hotel service recovery and developed an instrument that may be applicable to other research projects in different tourism settings. It also investigated the influence of three experiential features (i.e. the level of empowerment awarded to a guest by the hotel, service failure type, and hotel quality) on CE. This study’s findings have both theoretical and practical implications.

First, the level of hotel-provided customer empowerment and the type of service failure directly affect the degree of customer-perceived empowerment. Accordingly, a higher level of empowerment awarded to a guest by the hotel in response to his or her complaint is likely to be perceived as highly empowering by that guest, and vice versa. Although this study did not examine the potential influence of CE on complaint satisfaction, those hotel managers who find it important to empower their guests during service recovery can use this finding to increase the amounts of information, control, and competence furnished to guests. Furthermore, a guest is not likely to feel highly empowered in a service recovery situation preceded by a serious service failure, and vice versa. Hence, hotel managers who wish to empower complainants can use this finding to categorise service failures in terms of their severity, say, from least severe to most severe, as they are seen by the guests (i.e. customer view), and not according to some ‘rule of thumb’ devised by the provider (i.e. organisational view; Silber, Israeli, Bustin, & Zvi, 2009). Thus, when the front desk staff receives a complaint involving a severe service failure, they should bestow the complainant with higher levels of information, control, and competence. Conversely, in the case of less severe service failures, hotel staff could ‘relax’ the level of empowerment given to guests. Finally, CE strategies should not vary among hotels with different quality ratings, because guests seem to hold similar empowerment perceptions irrespective of the number of ‘stars’ that a hotel has.

This study’s second implication is that it presents a first step in the operationalisation and validation of the CE construct from the customer’s perspective, thus aiding the
development of this promising concept in hotel and other tourism-related service recovery contexts. Third, it contributes to tourism and hospitality research on service recovery, which is at the development stage in the literature (Becker, 2000; Ekiz & Arasli, 2007).

This study was limited to a sample of tourism and hospitality undergraduate students who evaluated fictitious service recovery scenarios, instead of actual complaining customers in genuine service recovery situation. Therefore, a certain degree of realism was sacrificed. Moreover, students’ potential work experiences in the lodging sector may have been a source of bias in their evaluations of CE in hotel service recovery. Clearly, this is a question of both external validity and internal validity. It is indeed possible that different depictions of the service failure scenarios may yield dissimilar results. Interestingly, experience was not a statistically significant variable in the LMM results. Despite the fact that the sample of respondents reported a range of different frequencies of annual hotel consumption, this covariate did not affect how they responded to the scenarios. One point for future consideration is to explore further the role of experience as a moderating influence on the empowerment construct. Perhaps there was not enough variation in the sample’s collective experience with hotels or perhaps the way experience is operationalised needs further exploration. Specifically, experience with hotel-related service failure may be a more germane construct than the more general idea of experience staying in hotels.

Hence, future research should use a sample of actual hotel complainants and employ methods other than a lengthy web survey (e.g. field experiment) to shed light on the effects of experiential features on CE. More research is also necessary to determine the role of CE in explaining other constructs, that is, affect, process quality, fairness/equity, and process complaint satisfaction, which are believed to be theoretically related to CE (Pranic & Roehl, 2012). To bridge the gap between stated perceptions and actual behaviours, an interesting extension to this study would be to conduct additional survey work to determine the percentage of loyal patrons who were previously empowered during service recovery. Another way of improving this study’s validity could be by employing the between-subject design (i.e. different treatment and control groups), as opposed to the within-subject design (i.e. each subject is its own control) used in this study. Since validity is an incremental build-up of information from various studies dealing with the concept of scientific inquiry (Anastasi, 1976), future research in lodging and other contexts will serve to empirically validate or invalidate the CE scale.

References


