

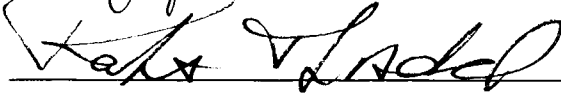
To the Graduate Council:

I am submitting herewith a dissertation written by James Britton Thomas entitled "Individual and Organizational Factors Related to Customer Service Behaviors: An Initial Integration." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Industrial/Organizational Psychology.


John W. Lounsbury, Major Professor

We have read this dissertation
and recommend its acceptance:





Accepted for the Council:


Associate Vice Chancellor
and Dean of the Graduate School

INDIVIDUAL AND ORGANIZATIONAL FACTORS RELATED TO CUSTOMER
SERVICE BEHAVIORS: AN INITIAL INTEGRATION

A Dissertation Presented for

the Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

James Britton Thomas

August, 1995

Copyright © 1995 by James Britton Thomas
All rights reserved

DEDICATION

This dissertation is dedicated to my loving wife, Ginger, my parents, Jack and Mary Lois Thomas, my brother, Andy, and my wife's parents, Paul and Carolyn Garner, who all bond our wonderful family together.

ACKNOWLEDGMENTS

Without the guidance, genuine friendship, advice, and even protection of my advisor, Dr. John W. Lounsbury, I would not be writing this document today. From the very beginning of our friendship, John put the status differences aside and focused on developing me into a professional.

I also wish to thank the other members of my committee: Dr. Dudley Dewhirst, Dr. Greg Dobbins, and Dr. Tom Ladd, for their helpful comments and willingness to work with me in completing this project. I strongly recommend each of them as committee members.

ABSTRACT

This study investigated how several individual and organizational factors were related to nursing professionals' exhibited customer service behaviors. Specifically, individual factors included self-reported customer service orientation, positive mood state, and job fairness cognitions. Organizational factors included transformational leadership, perceived climate for customer service, and perceived supervisory commitment to customer service. Subjects were 201 nursing professionals from two hospitals in the South. Nursing supervisors provided criterion ratings on customer service behaviors exhibited by the subjects. All predictor variables were answered from the nurses' frame of reference (i.e., climate for service reflected nurse's perception, etc.). Results of the structural equations analysis showed significant path weights for the self-reported customer service orientation variable and for a combined transformational leadership/leader commitment to customer service variable in predicting rated customer service behaviors. Also, results showed that this leadership variable was very instrumental in creating a climate for service. Further, opposite of the hypotheses, results showed a significant but negative relationship between pay satisfaction and the criterion. Theoretical and practical implications are discussed.

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION.....	1
II. REVIEW OF THE LITERATURE.....	6
Framework.....	6
Definitions of "Customer Service Orientation" in Individuals.....	8
Existing Measures of Customer Service Orientation.	13
Hypothesis Development.....	20
III. METHOD.....	49
Participants.....	49
Procedure.....	49
Measures.....	51
IV. RESULTS.....	65
V. DISCUSSION.....	89
Discussion of Hypothesis Tests.....	89
Study Limitations and Future Research.....	113
REFERENCES.....	122
APPENDICES	
A. COVER LETTER TO NURSING PROFESSIONALS.....	133
B. NURSING PROFESSIONAL SURVEY.....	135
C. SUPERVISOR SURVEY.....	140
D. t TESTS BETWEEN HOSPITAL PARTICIPANTS.....	143
E. CORRELATIONS AMONG STUDY VARIABLES AT HOSPITAL 1.....	145
F. CORRELATIONS AMONG STUDY VARIABLES AT HOSPITAL 2.....	147
VITA.....	149

LIST OF TABLES

TABLE	PAGE
Table 2.1 Customer Service Orientation Definitions in Individuals.....	9
Table 2.2 Dimensions of Customer Service Orientation..	10
Table 4.1 Descriptive statistics for study variables.	66
Table 4.2 Correlations Among Study Variables.....	67
Table 4.3 Hierarchical Regressions: Perceived Supervisor Commitment to Customer Service as a Moderator Between Transformational Leadership and Supervisor Ratings of Customer Service Scale and Positive Mood.....	70
Table 4.4 Intercorrelations of latent variables.....	72
Table 4.5 Summary of Fit Indices for Null, Uncorrelated latent variables, Hypothesized (Structural), and Saturated Models.....	83
Table 4.6 Summary of hypotheses tests.....	88

LIST OF FIGURES

FIGURE		PAGE
Figure 2.1	Proposed Structural model.....	7
Figure 3.1	Items measuring Customer Service Orientation	52
Figure 3.2	Items measuring positive mood state....	55
Figure 3.3	Items measuring fairness cognitions....	56
Figure 3.4.	Items measuring transformational leadership behaviors.....	58
Figure 3.5	Items measuring climate for service....	61
Figure 3.6.	Items measuring supervisory commitment to customer service.....	62
Figure 3.7.	Items measuring employees' exhibited customer service behaviors.....	64
Figure 4.1	Standardized path weights.....	73

CHAPTER I

INTRODUCTION

The present study investigated the effects of several factors proposed to be predictive of customer service orientations. Customer service is becoming more important to organizations as they realize they must not only deliver a good product, but must also meet and exceed customer expectations. By way of illustration, over 180,000 requests were made for copies of the Malcolm Baldrige Award criteria in 1990, and 190,000 requests were made in 1991 (Griffin & Hauser, 1993). Also in 1991, 106 firms applied for the Malcolm Baldrige National Quality Award, which is given to the company providing the most outstanding quality and customer service to its consumers (Griffin & Hauser, 1993). Furthermore, as Ades (1990) notes, the vast amount of competition in the market place is making it more difficult for organizations to differentiate themselves from their rivals. Customer service, in his view, is one of the few ways left for organizations to really stand out in the customer's eyes.

Another factor contributing to the importance of customer service is the division of jobs in America. From the mid seventies to the mid eighties, over 75% of all new jobs created were in the service industry (Albrecht & Zemke, 1985). Moreover, Zemke (1992) reports that nearly 80% of Americans currently work in service-type jobs. Furthermore, Peters (1987), Peters and

Waterman (1982) and Zemke (1992) all assert that service organizations will continue to provide the majority of new jobs in the future.

For organizations, moneys must now be strategically allocated into developing a service-oriented work force as well as one that is technically qualified. Also, organizations must determine the best strategies for recruiting, training, and developing service-oriented work forces. In sum, understanding customer service will be crucial in the coming decades.

Early publications in the customer service area focused on profiling organizations that provided excellent customer service (e.g., Peters, 1987; Peters & Waterman, 1982; Zemke & Schaaf, 1989) and providing anecdotal evidence as to why customer service was important (T.A.R.P., 1987). Examples from this literature included automobile dealerships, hospitals, restaurants, and hotel chains that provided excellent customer service and, according to the authors, had excelled in their respective markets largely because of this. In providing these profiles and evidence, the authors attempted to provide a model of customer service that all organizations should attempt to imitate.

In the scientific literature, although some works appeared at the same time as the non-refereed publications (e.g., Hogan, Hogan, & Busch, 1984), it was not until the end of the decade that customer service received significant research attention.

Moreover, most of these studies sought to uncover personality variables in relation to customer service behaviors, (e.g., Fogli & Whitney, 1991; Paajanen, 1991; Parasuraman, Berry, & Zeithami, 1991; Gregory, Kam, Gregory, & Kwan, 1993; Hom, Kwan, & Gregory, 1993; Kwan, Hom, & Gregory, 1993; Thomas & Lounsbury, 1994). As Fausz (1994) noted, these studies were an important first step for establishing the construct validity of the customer service construct. However, Fausz also concluded that more studies need to be conducted that investigate the effects of other variables on customer service behaviors. Another shortcoming of most of the existing studies was that they investigated single predictors of customer service behaviors in isolation, which leads to fragmentation of the area rather than integration. To date, only a few studies have investigated two predictors simultaneously (e.g., Fausz, 1994; George, 1991; Thomas & Lounsbury, 1994). Thus, much work is needed to integrate the existing studies and also to explore the effects of other variables on customer service behaviors.

As a step in this direction, Fausz (1994) looked at several individual and organizational variables' effects on customer service behaviors. Some of these variables included: organizational commitment, climate for service, perceived organizational support, perceived supervisory commitment to customer service, personality variables, and self efficacy. Results of his study showed strong effects for climate for

service and perceived supervisory commitment to customer service, and relatively weak effects for the personality variables. Thus it appears that other factors besides individual's personalities are important for employees to exhibit customer service behaviors. However, Fausz' interpretations of effects are limited by the fact that he essentially tested each predictor in isolation. In other words, when running the hypotheses tests, each predictor variable was tested by itself in a separate regression equation. A final regression equation was run in which all variables were simultaneously entered, which tested for the strongest predictor(s).

A more holistic way to investigate the effects of several variables is through structural equations analyses. With structural equations, **multiple** mediator and **multiple** direct effects can all be simultaneously tested on the same criterion (see James, Mulaik, & Brett, 1982). Moreover, statistical relationships among the predictor variables can be also investigated. This contrasts multiple regression techniques, which only allow for testing of a **single** mediator effect **or** a **single** moderator effect at a time. In short, structural equations allows for a more complete and integrated investigation of the scientific question. The present study seeks to improve on the existing studies by employing structural equations analyses to investigate the effects of several

individual and organizational variables on customer service behaviors. Specifically, this study investigated two of the same variables as Fausz (1994), (i.e., climate for service and perceived supervisory commitment to customer service), self-reports of customer service orientation, positive mood as a temporary state, fairness cognitions concerning one's pay and job, and transformational leadership behaviors.

CHAPTER II

REVIEW OF THE LITERATURE

Framework

The purpose of the present chapter is to provide an explanation of the hypothesized links in the structural model and also to orient the reader with the construct of customer service orientation. It is realized that the current study is not a complete explication of all possible causes of customer service behaviors, but rather is a needed step in furthering the construct validation of customer service orientations.

Figure 2.1 describes the proposed structural model. Specifically, the self-reported customer service orientation is proposed to have a direct effect on customer service behaviors. Positive mood state and fairness cognitions are also proposed to have direct effects on customer service behaviors. All three of these variables are proposed to be significantly and positively correlated to each other. Perceived supervisory commitment to customer service is proposed to have a positive moderating effect on the relationship between transformational leadership and customer service behaviors. Perceived supervisory commitment to customer service is also proposed to have a direct effect on climate for service and on customer service behaviors. Climate for service is proposed to have a direct effect on customer service behaviors.

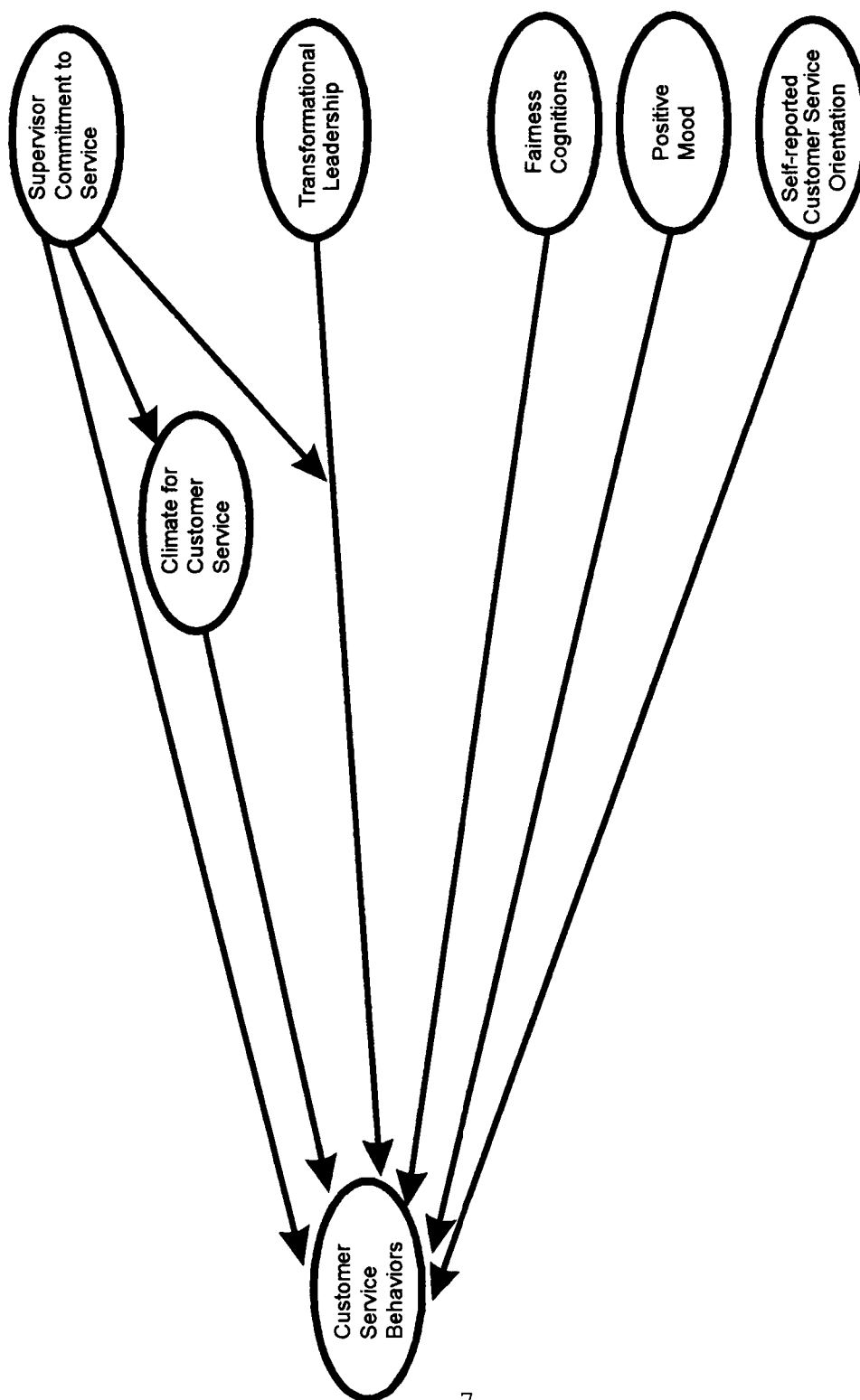


Figure 2.1 Proposed Structural Model.

Definitions of "Customer Service Orientation" in Individuals

While several researchers have investigated the construct, no single, agreed-upon definition of "customer service orientation" exists. As Tables 2.1 and 2.2 show, many researchers include attitudes in their view customer service orientations. For example, customer service oriented individuals have been found to: have empathy, be open-minded, and be flexible (Fogli & Whitney, 1991; Paajanen, 1991; Parasuraman, Berry, & Zeitham, 1991). Other researchers have focused on exuded behaviors in relation to customer service orientations. Examples of behaviors exhibited include being responsive to customer needs, being reliable, attentive, friendly, competent, and going above and beyond the formal job duties to provide excellent service (Gregory, Kam, Gregory, & Kwan, 1993; Hogan & Hogan, 1986; Paajanen, 1991; Parasuraman, Berry & Zeithami, 1991; Schneider, Parkington, & Buxton, 1980; Thomas & Lounsbury, 1994). While some of these researchers view customer service in terms of either attitudes or behaviors, many have incorporated both in their definition (see Table 2.1). However, even those researchers looking at the same aspects (e.g., attitudes only) have examined different variables (e.g., empathy in one study versus open-mindedness in another). These differences in definitions and foci are not surprising given the different research interests and operationalizations of the construct of customer service.

Table 2.1. Customer Service Orientation Definitions in Individuals

Author(s)	Number of Dimensions	Manifested As	Sample
Schneider, Parkington, & Buxton (1980)	5	Attitude & Behavior	Bank
Saxe & Weitz (1982)	5	Behavior	Sales
Hogan, Hogan, & Busch (1984)	5	Attitude & Behavior	Nursing
Albrecht & Zemke (1985)	3	Behavior	N/A
Hogan & Hogan (1986)	5	Attitude & Behavior	Sales
Dunlop, Dodson, & Chambers (1988)	5	Behavior	Sales
Fogli & Whitney (1991)	8	Attitude & Behavior	Grocery Pers.
Paaajanen (1991)	5	Attitude	N/A
Parasuraman, Berry, & Zeithami (1991)	5	Attitude & Behavior	N/A
Kelly (1992)	5	Behavior	Financial
Gregory, Kam, Gregory, & Kwan (1993)	5	Attitude & Behavior	Health Care
Hom, Kam, & Gregory (1993)	5	Attitude & Behavior	Health Care
Kwan, Hom, & Gregory (1993)	5	Attitude & Behavior	Health Care
Thomas & Iounsbury (1994)	5	Attitude & Behavior	Nursing
Fausz (1994)	5	Attitude & Behavior	Health Care

Modified from Gregory, Kam, & Gregory (1993) and Fausz (1994).

Table 2.2. *Dimensions of Customer Service Orientation*

Author(s)	Dimensions of Service Orientation
Schneider, Parkington, & Buxton (1980)	Courtesy; Competence; Speed; Convenience; Attitude
Saxe & Weitz (1982) Dunlop, Dodson, & Chambers (1988) Kelley (1992)	Desire to help customers; Helping customers assess their needs; Offering products to satisfy those needs; Describing products accurately; Avoiding deceptive influence tactics; Avoiding use of high pressure
Hogan, Hogan, & Busch (1984)	Adjustment
Albrecht & Zemke (1985)	Help Me; Fix It; value-added Service
Hogan & Hogan (1986)	Adjustment; Attentive; Pleasant & Courteousness; Responsiveness to customer's needs; Likable; Sociable
Fogli & Whitney (1991)	Empathy; Behavioral Flexibility; Energy; Polite; Initiative; Sociable; Personalization
Paaanen (1991)	Friendly; Competent; Practical & Realistic; Courteous; Open-minded
Parasuraman, Berry, & Zeithami (1991)	Reliable; Responsive; Empathetic; Assuring; Tangible
Gregory, Kam, Gregory, & Kwan (1993) Hom, Kam, & Gregory (1993) Kwan, Hom, & Gregory (1993)	Active; Creative & Courteous problem solving; Recognizing individual & unique needs; Going above & beyond job; Creatively addressing customer needs
Thomas & Lounsbury (1994) Fausz (1994)	Positive Rapport; Responsiveness; Positive interaction with patient's family; Teamwork with coworkers; Above & Beyond the call of duty

Modified from Gregory, Kam, & Gregory (1993) and Fausz (1994).

For example, researchers seeking to increase service in organizations through selection will focus more heavily on stable differences such as traits and attitudes toward customers. Those interested in training and development of existing employees will focus more on changing behaviors as well as attitudes.

As Fausz (1994) noted, no research exists comparing the validity of an attitudinal versus behavioral approach to studying customer service orientations. To date, though, it appears that both lines have increased our understanding significantly.

Regarding the definition of "customer service orientation," it seems logical to consider that the construct entails both attitudes and behaviors. That is, service oriented individuals will likely possess a set of attitudes that non-service oriented individual will not. Also, these individuals will likely exhibit the service oriented behaviors that the non-service oriented individuals fail to exhibit. The notion including both attitudes and behaviors is consistent with Hogan et al.'s (1984, p. 167) study which described the construct as "a set of attitudes and behaviors that affect the quality of interaction between the staff of any organization and its customers."

The current study embraces attitudes and behaviors in its definition of customer service orientation. Specifically, it is

posited that customer service-oriented individuals possess a set of attitudes and behavioral predispositions that can be measured in Thomas and Lounsbury's (1994) Personal Style Inventory. Other attitudinal aspects measured will include positive affect and fairness cognitions. It is further hypothesized that individuals possessing these attitudinal and behavioral predispositions will in turn exhibit customer service behaviors as well. Thus, the present study conceptualizes customer service orientation as including both attitudes and behaviors.

Regardless of where one places the emphasis, what is important is pleasing customers; and a customer service oriented individual tries to satisfy the customer (Hogan & Hogan, 1986). Moreover, given the increasing importance of differentiating one's organization in terms of the customer service provided, the prudent organization will take the necessary steps to ensure that its work force is highly skilled at providing excellent customer service.

Although researchers have begun to uncover the necessary steps to increasing customer service in organizations, many unanswered questions remain. Although several thousand organizations have requested information on the criteria for service awards (Griffin & Hauser, 1993), little research data exists regarding how many organizations are actively seeking to increase customer service. Also, for those organizations who do engage in such strategies (i.e., such as training and

selection), no studies have been done to evaluate the effectiveness of their efforts. The few empirical studies that exist have largely focused on personality traits as predictors of customer service orientations (e.g., Hogan, Hogan, & Busch, 1984; Saxe & Weitz, 1982; Paajanen, 1991). While these studies are an important step in establishing the nomological network around the customer service orientation construct, Fausz (1994) correctly asserts that we should not be content to believe that customer service orientations are based solely on personality variables. Indeed, "other individual and organizational factors may be related to customer service orientations and must therefore be examined" (Fausz, 1994, p.20).

Consequently, this study, in addition to examining a personality-related variable (i.e., one's customer service orientation as measured by the Personal Style Inventory), also examines some organizational/contextual factors that may be associated with individuals exhibiting customer service orientations. Before turning to the particular hypotheses of the present study, the existing efforts at determining predictors of customer service behaviors will be examined in order to bring the reader to bear.

Existing Measures of Customer Service Orientation

As was stated earlier, up until the early eighties, most of the existing literature on customer service appeared in the form of anecdotal evidence of how customer service was important

or profiles of organizations providing good customer service (cf., Blake & Mouton, 1970; McNamara, 1972; Peters, 1987; Peters & Waterman, 1982; Strong, 1925; T.A.R.P., 1987; Zemke & Schaaf, 1989). Saxe and Weitz (1982), in one of the first empirical studies, introduced their definition of the customer service orientation in the sales field. Also, they introduced a scale designed to measure the degree to which individuals in sales positions engaged in customer-oriented selling strategies. Their scale, the Selling-Orientation Customer Orientation (SOCO), was found to have two factors and also strongly discriminated between salespersons with a long-term versus short-term orientation with the customer ($r = .56$). Also, salespersons scoring higher on the SOCO had much lower Machiavellanism (i.e., a willingness to manipulate) scores than salespersons with a low SOCO scores. Further, individuals higher on the SOCO scale also reported higher quality relationships with customers. Thus, it appears that the SOCO scale can identify individuals who are more apt to look out for customers' long term needs and less apt to manipulate customers just to make a sale.

Hogan, Hogan and Busch (1984) introduced a personality instrument and validated it on several different job classifications (e.g., nursing aids, nursing supervisors, nursing students, nurses, clerical personnel). Items on their inventory, the Service Orientation Index, came from a larger

inventory (e.g., The Hogan Personality Inventory) developed by Hogan (1983). Hogan and Hogan (1986) and Hogan et al. (1984) defined customer service in terms of treating patients with courtesy, consideration and tact, being perceptive about patients' needs, contributing to the morale and cohesion of the work group, and communicating accurately. Also, they pointed out how customer service behaviors can be different than technical job performance, where the former often requires interpersonal interactions as well as knowledge. The study found that customer service ratings were most highly correlated with the dimensions of Likability and Adjustment. Sociability was also an important factor for being rated high on customer service.

Personnel Decisions, Inc. developed a 64-item personality based inventory called the Customer Service Inventory (CSI). Paajanen (1991) posited the customer service personality in terms of five factors: 1) friendliness; 2) competence; 3) practical and realistic; 4) courtesy and tact; and 5) open-mindedness. In addition to some of the traditional item formats such as true-false questions and choosing between adjectives that best describe oneself, the CSI also includes scenarios where the individuals read a situation and respond according to how they would best handle the situation. Paajanen investigated the inventory across several job categories including the health care industry, financial, automobile sales and insurance firms.

Results from the study indicate that the CSI is a viable instrument in predicting customer service orientations (Paajanen, 1991).

Fogli and Whitney (1991) also presented a measure of customer service orientation. Their 50-item Service First test was developed by CORE Corporation and was designed to distinguish between service oriented and non-service oriented personnel. Their instrument contained four dimensions: polite customer relations, active customer relations, helpful customer relations, and personalized customer relations. In the opinion of Fogli and Whitney (1991) these dimensions capture eight critical traits of customer service oriented individuals (e.g., empathy, behavior flexibility, initiative, personalization, sociability, activity level/energy, politeness, and helpfulness). Their analyses showed positive results in that the instrument correlated with ratings of customer service orientations of supermarket employees.

Gregory and associates also investigated customer service orientations in organizations. Gregory, Kam, Gregory, and Kwan (1993) defined good service in terms of people being active, creative problem-solvers, going above and beyond the job descriptions to provide service, and recognizing customer's individual and unique needs. Gregory et al. (1993) also developed two measures of customer service orientations.

The first scale contained 119 items from the California Psychological Inventory (Gough, 1975) and 51 items written to represent customer service in the Kaiser Permanente Medical Care Program. All 170 items were true/false in nature (e.g., "When I am driving my car I anticipate what other motorists want to do, and then make room for them to do it"). The second instrument contained twenty case study items derived from over 200 interviews from employees within the organization.

Gregory et al. (1993) investigated the validity of these two instruments in the clerical, managerial, nursing, and technical fields. Specific hypotheses investigated included single item validities across job categories (i.e., the differences in single item correlations across groups), item responses across job categories, moderating effects of job categories on validities, and the predictive ability of tailored scales versus generic scales (i.e., the ability of a tailored nursing scale to predict customer service orientations among nursing personnel versus the ability of the nursing scale to predict on clerical personnel). Briefly, they found that service oriented personnel in different job categories did answer items differently, single item validities did differ with regard to job type, job type was a weak moderator on the item-criteria relationships, and, in most cases, scales tailored for specific groups (e.g., a tailored nursing scale) did not produce higher validity coefficients on that specified group. For

example, the scale developed for technical personnel predicted better for nursing personnel ($r = .40$) than for technical workers ($r = -.21$). The scale tailored for nurses predicted at $r = .27$.

Hom, Kam, and Gregory (1993) investigated the 170 true/false instrument with regards to racial equivalence. In their study, the instrument significantly predicted service orientations for clerical staff ($r=.43$) and nursing personnel ($r = .51$). Also, no differences in validities existed across races (i.e., less than 1/4 of a standard deviation existed across all ethnic groups).

The final study conducted with the 170 true/false personality inventory and the 20 case study items was conducted by Kwan, Hom, and Gregory (1993). From the analysis of the true/false items, customer service oriented individuals were found to be good impression managers and were active as opposed to passive on the job. Looking at the case study items, it was revealed that service oriented personnel were empathetic, active monitors of unethical behavior, and actively dealt with problems as they arose at work. In terms of predictive validity, the case study items more highly correlated with the criterion of customer service behaviors than were the true/false items.

As a capstone to the existing studies conducted on customer service orientations, McDaniel and Frei (1994) conducted a meta-analysis on customer service orientation

measures. Specifically, the analysis was based on 41 validity coefficients with a total sample of 6,945 subjects. The observed mean validity coefficient was ($r = .24$), with the corrected population estimate being ($\rho = .50$, $\sigma_{\rho} = .00$). Corrections for sampling error, criterion unreliability, and range restriction accounted for 100% of the observed variance. Thus, the authors concluded that the validity was invariant. However, given the inherent controversy with some of the validity generalization procedures (e.g., see James, Mulaik, DeMeree, & Mumford, 1988; Thomas, 1988), the true population mean is likely somewhere between .24 and .50.

The preceding studies have established that personality variables are valid predictors of employee customer service organizations in a variety of organizations. Thus, an important link in the nomological network of the construct of customer service orientations has been firmly secured. However, as the present author and other researchers (e.g., Fausz, 1994) have mentioned, other factors need to be investigated to further understanding in this area. Therefore, the following section will discuss some additional organizational and individual factors proposed to be related to customer service orientations as well as the author's own personality-type instrument measuring customer service orientations.

Hypothesis Development

Personality and The Personal Style Inventory for Health Care Providers.

Personality has traditionally been found to be a relatively poor predictor of job performance (e.g., see Barrick & Mount, 1991) and many have suggested that researchers discontinue personality investigations in this regard. However, recent research results have shown personality to be a better predictor of various softer criteria such as service behaviors. A review of the related literature will be provided in order to explain the areas where personality might operate more strongly as a predictor of job-related criteria.

In one of the earliest reviews of personality and its relation to job performance, Ghiselli and Barthol (1953) studied 113 personality-based validation studies and found that personality variables were effective in predicting job performance in sales positions, sales clerks, and for positions in trades and crafts, they were ineffective at predicting other categories such as supervisor performance and service workers' job performance. They noted that their findings were opposite of what they expected to find, namely that they thought that personality should predict supervisor and service personnel performance, and not the other jobs. Twenty years later Ghiselli (1973) again reviewed the literature on personality. This time, he found that personality predicted fairly well for

executives, clerks, and sales positions, but not in other job types.

The late 1970's produced even more negative evidence against personality as more refined effect estimation procedures such as meta-analysis were used to evaluate the predictive ability of variables. Specifically, Hunter and Hunter (1984) found that cognitive ability effect sizes were usually in the .4 - .5 range. In contrast, Schmitt, Gooding, Noe, and Kirsch (1984) found that the mean effect size for personality was around .15. As Hunter and Hunter (1984) point out, a .15 validity coefficient adds futile incremental variance to a validity coefficient of .53. Even as late as 1991, a meta-analysis by Barrick and Mount (1991) showed that personality was a very weak predictor of job performance. In their study, sales positions were the job type where personality variables predicted the best, but the corrected mean validity coefficient was only ($p = .10$). Thus, a sizable amount of evidence had accumulated suggesting that personality was not a relevant predictor of job performance.

However, around the same time as the Barrick and Mount (1991) meta-analysis, other researchers began to take a closer look at personality as a predictor of performance criteria and uncovered several key points that can be incorporated to increase the predictive validity of personality. Specifically, Day and Silverman (1989) found that when personality variables

were carefully matched with the occupation, personality predicted unique variance in performance above cognitive ability. Along these lines, Tett, Jackson, and Rothstein (1991) conducted a meta-analysis on personality studies and differentiated between studies that were either confirmatory (i.e., testing a specific hypothesis) or exploratory. They also noted whether a job analysis had been used as a basis for the study or not. Their results showed that confirmatory studies produced higher validities than exploratory studies and also that studies based on job analysis had higher validities ($p = .38$) than ones where no job analysis had been conducted ($p = .29$). Continuing along these lines, Thomas and Lounsbury (1994) conducted a study where the personality-type inventory items were derived explicitly from job analysis data. Their results were also impressive as the inventory validly predicted nursing professionals' customer service behaviors ($r = .31$).

Hough (1988) and Hough, Eaton, Dunnette, Kamp, and McCloy (1990) found that while personality failed to correlate with technical job performance, personality did predict various softer criteria such as commendable job behavior, effort, leadership, personal discipline, and physical fitness. Furthermore, Barrick and Mount (1993) conducted another study on personality investigating the moderating effects of job autonomy on the relationship between personality and job performance. Their results showed that conscientiousness and extroversion

predicted job performance even better when the job allowed higher amounts of autonomy (versus lower autonomy).

As Thomas and Lounsbury (1994) note, the results of the aforementioned studies uncover some important points relevant to the study of personality. First, it is not surprising that personality variables have usually been a weak predictor of job performance since technical proficiency in jobs is specifically defined. Indeed, most jobs not only demand certain abilities and degrees of training, but also call for relatively uniform-type behaviors. In other words, the situations in which most jobs take place are strong situations where appropriate behavior is specifically defined. Second, in jobs where high levels of autonomy exist and where successful performance is defined in part by softer criteria (e.g., OCB, CSB, commendable behavior, effort, physical fitness), then personality variables can be valid predictors of behavior. Furthermore, making efforts closely match personality variables to specific situations (e.g., by job analysis) will often result in higher validities (e.g., see Day & Silverman, 1989, Thomas & Lounsbury, 1994).

Taken as a whole, the most recent studies provide a more positive outlook for using personality in organizational research. However, certain guidelines (mentioned above) seem necessary to follow when employing personality as a predictor of criteria. It is within these guidelines (e.g., predicting softer criteria, carefully matching personality to the context)

that most of the existing personality-customer service orientation studies have been conducted (e.g., Fogli & Whitney, 1991; Gregory et al., 1993; Hom et al., 1993; Paajanen, 1991; Thomas & Lounsbury, 1994).

Regarding the study conducted by Thomas and Lounsbury (1994), the results presented in their study represented only the first collection of data on their customer service orientation instrument, the Personal Style Inventory for Health Care Providers. More data collection is needed in order to verify the factor structure found in the first study and also to verify the validity of the inventory to predict service behaviors. Also, since the present study seeks to simultaneously test the effects of several different predictor variables (e.g., leadership, climate), a personality-type variable needs to be incorporated to compare its effects against the effects other predictors. Hence, it was decided to include the Personal Style Inventory for Health Care Providers in the present study.

The items on this instrument were derived specifically from a job analysis of nursing professionals, with the criterion being that of providing exemplary customer service. Thus the instrument is highly tailored towards uncovering individual's customer service orientations and also follows the guidelines suggested by the most recent research. As was mentioned earlier, Thomas and Lounsbury (1994) found positive results for

their instrument in their initial investigation relating the Personal Style Inventory for Health Care Providers to customer service behaviors (multiple $R = .31$). In using these items as a measure of an individual's customer service orientation, it was hypothesized that:

Hypothesis 1: A person's customer service orientation as measured by the Personal Style Inventory for Health Care Providers will have a direct and positive effect on individual's exhibited customer service behaviors.

Positive Mood State and Job Fairness Cognitions.

Positive mood can be measured as either a stable, enduring trait or a temporary, fluctuating state, depending on the time interval one asks the individual to consider. Also, the same words or adjectives can be employed for measuring either variable. For example, when using Watson and Tellegen's (1985) Positive Affect Scale, respondents are to indicate how well each of twenty adjectives (e.g., nervous, inspired, etc.) describes their mood. If the researcher is interested in measuring positive mood as a stable trait, then the respondents should consider their typical mood over a relatively long period of time (e.g., past two months, six months, etc.; George, 1991; Watson, Clark, & Tellegen, 1988; Watson & Pennebaker, 1989). However, if the researcher wishes to measure people's temporary,

fluctuating moods, then respondents should be instructed to indicate how well the adjectives describe their mood over a relatively short period of time (e.g., two weeks; George, 1991; Watson et al., 1988). Conceptually, positive mood trait is a stable individual difference variable, remaining relatively consistent across time. Conversely, positive mood state can be unstable and may fluctuate depending on a number of circumstances and situational variables (e.g., finding out that one has to work overtime, receiving a raise, etc.).

Since the mid 1960's, researchers in the field of social psychology have found positive moods to be significant predictors of a variety of prosocial behaviors (e.g., Adelman, 1972; Cunningham, Steinberg, & Grev, 1980; Isen, Clark, & Schwartz, 1976; Isen & Levin, 1972). In many of these studies, individuals in whom a positive mood had been induced were more likely to exhibit altruistic behaviors. Also, on the opposite side of the situation, individuals in whom a negative mood (e.g., of anger, frustration, etc.) had been induced were less likely to exhibit prosocial behaviors. From these studies, it became generally accepted that people in positive moods were more likely to be helpful than people in neutral or negative moods.

Later, in the early 1980's, as organizational researchers became more interested in prosocial-type behaviors (e.g., organizational citizenship behaviors), attention was again

placed on positive moods as a potential predictor. However, at this time the terminology used by researchers was not positive mood per se; but rather, positive mood was included within the rubric of job satisfaction measures. Also at this time, organizational researchers were not distinguishing between stable positive mood measured as a trait versus positive mood measured as a temporary state.

As was stated, job satisfaction measures typically contained measures of a person's mood (as well as different cognitions relevant to the job). Specifically, in one of the initial studies involving positive mood (i.e., job satisfaction) as a correlate of OCB, Smith, Organ and Near (1983) employed Scott's (1967) Affective Tone scale (a semantic differential scale consisting of 20 bipolar adjectives) as their measure of job satisfaction. These adjectives (e.g., satisfied-dissatisfied, interested-bored) were "used as the measure of facet-free generalized job satisfaction as a chronic mood state," (Smith, Organ, & Near, p.657, 1983). In their study, this measure of job satisfaction showed the strongest correlation with the altruistic factor of OCB (as compared to other variables such as leader supportiveness, neuroticism, education, and background).

Several other studies conducted during the 1980's also showed robust correlations between job satisfaction and OCB (e.g., Bateman & Organ, 1983; Motowidlo, 1984; Puffer, 1987).

However, after close investigations of the concept of job satisfaction and its relationship to OCB, researchers began to disagree as to why job satisfaction predicted OCB so well. In the words of Organ and Konovsky (p. 158, 1989), "we find the interpretation of this correlation somewhat equivocal." The following paragraphs explain the ensuing debate.

It was generally agreed that job satisfaction was synonymous with a **job attitude**, since typical measures of satisfaction represented forms of an attitude scale or an evaluative response towards one's job (Organ & Konovsky, 1989). However, since a significant body of research indicated that (job) attitudes contain both a **cognitive** component (e.g., beliefs) and an **affective** component (e.g., feelings or emotions; Baron & Byrne, 1981; Berkowitz, 1980), and also that the evaluation of the attitudinal object or the behavior relevant to the object could be driven by either the cognitive or affective component (Millar & Tesser, 1986), it was not known which component of job satisfaction (cognitive or affective) was driving the outcomes (i.e., organizational citizenship behaviors). Further, Millar and Tesser (1986) found that the correlation between the attitudinal evaluation (e.g., reported job satisfaction) and the behavior (e.g., OCB) could be attenuated because one of the variables could be driven by the cognitive component and the other by the affective component, or vice versa. On the other hand, either the cognitive component

or the affective component could drive both the attitudinal evaluation and the behavior, in which case no problem would exist (i.e., the correlation between object and behavior would not be attenuated). However, at that time, an incomplete picture existed regarding how job satisfaction actually correlated with OCB. Hence, in order to gain a more complete understanding as to the determinants of OCB, it was time to investigate which component of job satisfaction was driving the citizenship behaviors.

Organ and Konovsky (1989) were the first investigators of this issue. The cognitive component of job satisfaction was defined in terms of fairness cognitions regarding pay and one's job (e.g., "Compared to what you expected by this time, how good is your pay?"). In defining the positive mood component, Watson and Tellegen's (1985) 20-item Positive Affect scale was employed. Subjects were to indicate how well each of the adjectives (e.g., irritable, enthusiastic) described their typical mood over the past **six months**. Their results showed that fairness cognitions predicted OCB more strongly than did positive mood. George (1991) pointed out that Organ and Konovsky's (1989) mood scale was a measure of positive **mood trait**. In her study, George (1991) investigated the relationship between **temporary positive mood state** and OCB, defining positive mood state as how the individuals felt toward the specified adjectives over the **past two weeks** (as opposed to

the past six months). Her results showed that positive mood state predicted OCB and customer service behaviors better than did the fairness cognitions (i.e., cognitive component of job satisfaction).

Stecher, Rosse and Miller (1994) attempted to resolve the conflict regarding which was the better predictor of the soft criteria (i.e., OCB). Once again they tested the predictive ability of fairness cognitions, positive mood state and general job satisfaction in relation to OCB. Although they found that general job satisfaction and fairness cognitions were both significant and predicted better than positive mood state, their results cannot be trusted due to some serious methodological flaws (e.g., each of the two factors of OCB were inappropriately represented by one-item scales and sample items were not provided, sample was composed of non-homogeneous, seasonal employees and was relatively small--91, the measure of general job satisfaction was questionable in that it asked for satisfaction with things like "the chance to be somebody in the community,").

Hence, with only two real studies conducted (and only one looking at CSB), the debate over which component of job satisfaction is the better predictor of customer service behaviors and is far from over. However, relevant information from the existing studies points to both being important in

relation to customer service behaviors. Specifically, enough evidence exists to hypothesize that:

Hypothesis 2: Positive mood state will have a direct effect on customer service behaviors.

Hypothesis 3: Fairness cognitions about one's job and pay will have a direct effect on customer service behaviors.

Regarding the relationship between positive moods, fairness cognitions, and one's personality orientation (i.e., customer service orientation), previous literature has shown how the first two variables are often viewed as components of job satisfaction and would therefore be derivatives of a larger phenomena (e.g., George, 1989; George, 1991; Organ, 1990; Organ & Konovsky, 1989). Hence it seemed reasonable to predict that a significant positive relationship might exist between these two variables. Also, on an exploratory basis, the relationship between the personality variable and these two components of job satisfaction will be examined. The following hypotheses were advanced:

- Hypothesis 4:** Positive mood and fairness cognitions regarding one's pay and job will be significantly and positively correlated.
- Hypothesis 5:** Positive mood and customer service orientation will be significantly and positively correlated.
- Hypothesis 6:** Fairness cognitions regarding ones' pay and job will be significantly and positively correlated with customer service orientation.

Transformational Leadership and Customer Service Behaviors.

For many years, leadership research focused almost exclusively on the leader behaviors of initiating structure (IS) and consideration (CON). Although these two types of behaviors are important for understanding a variety of criteria, many researchers have begun to assert that other types of behaviors and activities play an important role in effective leadership (e.g., Bass, 1985; Hater & Bass, 1988; House, 1977, 1985; Seltzer & Bass, 1990; Keller, 1992). One line of thought that seeks to expand on the traditional views is transformational leadership theory. According to Bass and these other theorists, transformational leaders (TFLs) provide more than a simple exchange of rewards for compliant work behaviors (i.e., a transaction). Rather, TFLs motivate their followers to look

beyond the simple work-for-pay transaction and their own individual needs to the greater needs of the organization. Transformational leaders inspire, motivate, and heighten the interests of their employees in the overall mission of the organization (Burns, 1978). TFLs can be full of charisma, sometimes possess exemplary communication and persuasion skills, and also possess a strong aura of personal liking. Furthermore, they generate personal acceptance from their followers (Bass, 1985). Going further with the description, TFLs intellectually stimulate workers to engage in novel problem solving, which promotes intelligent, rational thinking. TFLs also take an individual interest in people, giving special attention to each worker. In short, TFLs engage the workers to see how the organization can be "transformed" from its current undesirable state to a much more appealing future state.

Although transformational leadership theory is still relatively new, initial research in the area has been encouraging. First, evidence exists that supports viewing transformational leadership as separate from other types of leadership such as transactional leadership (Bass, Avolio, & Goodheim, 1987, Howell & Frost, 1989; Sashkin, 1977). Also, several studies have shown strong relationships between transformational leadership behaviors and criteria such as employee satisfaction, satisfaction with their leader, self-reports of extra effort, perceptions of leader effectiveness,

group or unit performance, and leader perceptions of employee job performance (Avolio & Bass, 1987; Bass, 1985; Hater & Bass, 1988; Howell & Avolio, 1993; Podsakoff, MacKenzie, Moorman, & Fetter, 1990; Seltzer & Bass, 1990; Waldman, Bass, & Einstein, 1987). Furthermore, Keller (1992) found a relationship between transformational leadership and project quality and budget/schedule performance that was significant over a one-year time period.

Most of the studies mentioned above follow a pattern which tests transformational leadership behaviors against other leader behaviors such as initiating structure and showing consideration, and also transactional leadership behavior (i.e., leader behaviors associated with the work-for-pay contract). Although significant relationships usually exist between IS and CON (or TAL behaviors) and the criteria, most studies showed that transformational leadership behaviors accounted for significant variance in the criteria beyond these other behaviors. Also, Waldmen, Bass, and Yammarino (1990) showed that IS and CON failed to predict variance beyond transformational leadership behaviors with the criteria of leader effectiveness. Thus it appears that studying transformational leadership behaviors is a worthy effort.

When deriving the hypothesis for an effect of transformational leadership behaviors on customer service behaviors, several aspects of transformational leadership theory

seem especially appropriate. First, one hypothesis of the theory is that TFL's inspire workers to exhibit extra effort in their work (Bass, 1985). Tying this to customer service, Thomas and Lounsbury (1994), through interviews with subject matter experts, identified "extra effort" as a salient dimension of customer service behaviors. Since studies in the field of transformational leadership (e.g., Ehrlich et al., 1990; Seltzer & Bass, 1990) have confirmed that TFLs can influence employees to exhibit extra effort towards job performance, a logical extension would be that TFLs should be able to influence employees to exhibit customer service behaviors. Indeed, achieving customer service often means going beyond following information contained in formal job descriptions and requirements. For example, extra-effort behavior includes nurses checking on patients even when the call light has not been rung, or a clothing sales person remembering a special request of a customer and making sure s/he is satisfied, or a meat department employee tracking down a store customer to tell him that the specific brand of turkey he wished for had just come into the store. These types of behaviors would not be contained in formal job duties, but rather are examples of extra role behaviors that are sometimes necessary for pleasing or satisfying the customer.

Customer service behaviors should also be influenced by employees who are encouraged to engage in novel problem solving

tactics. Another prominent aspect of transformational leaders is that of encouraging intellectual stimulation of employees (Bass & Avolio, 1991). In this vein, TFLs encourage employees to look at problems in novel ways and search for solutions. Applied to a customer service incident, many times employees face novel situations where customers are currently dissatisfied and are looking to the employee for the solution. Consider a cable company client who does not get paid until the 10th of the month. Current policies might mandate that bills be paid by the 5th. A service representative with latitude or encouragement to be a problem-solver could negotiate a solution where the bill could be paid at a later date (e.g., on the 12th), or some other acceptable solution. Such a response will likely produce a satisfied customer. However, unless the employee receives encouragement from the leader to engage in novel problem solving, customer satisfaction may not be as strong.

Charisma is another major component of transformational leaders that has been found to significantly effect outcomes (Howell & Frost, 1989; Waldman, Bass, & Yammarino, 1990). Employees ascribing charisma to leaders are often impressed by the leader's personal aura, strong articulation of a vision, risk-taking tactics or unconventional means for achieving goals (Conger & Kanungo, 1987). Charisma may have its effects on customer service because such leader characteristics engender buy-in to the leader's perspective, which in turn makes the

goals of the leader the goals of the employees. Thus, a charismatic leader who values novel problem solving, exerting extra effort, or even customer service, will likely have subordinates exhibiting these type behaviors.

The last sentence of the previous paragraph brings to bear an interesting point in that TFLs often get followers to act in ways consistent with their beliefs or orientation. This is important in that the definition of transformational leadership does not specify that a TFL will lead his or her followers down a positive path. One can think of several charismatic or transformational leaders who have possessed pernicious orientations and who have led followers down detrimental tracks (e.g., Adolf Hitler). Hence, all the aforementioned possibilities regarding the influence capabilities of TFLs on customer service behaviors are likely to never come to fruition if the TFL is not service-oriented. Thus it seems logical that transformational leaders, in order to influence subordinates to engage in customer service behaviors, will need to possess a commitment to customer service--and this commitment to service must be perceived by his or her subordinates. This theory can be tested statistically via moderator analysis. Specifically, these propositions form the basis for the following hypothesis:

Hypothesis 7: Perceived supervisory commitment to customer service will have a moderating effect on the

relationship between transformational leadership behaviors and employee's customer service behaviors.

Organizational climate and customer service

The concept of organizational climate has received a significant amount of attention in the literature over the past thirty years. Despite the lack of consensus regarding the definition of the construct, it can generally be understood as employees' perceptions of organizational policies, procedures, and practices, and their perceptions of organizational behaviors that are expected, rewarded, or supported (Schneider, 1990; Schneider & Rentsch, 1988). Also, climate can be viewed as a collective attitude of organizational members, continually produced and reproduced by the members' constant interactions (Poole & McPhee, 1983). Thus, climate should be viewed as a dynamic phenomenon that is built on the naturally occurring interactions of organizational members as they pursue various personal and organizational goals (Schneider, Parkington, & Buxton, 1980).

As was stated, conceptualizations of climate have manifested themselves in several different ways. For example, Argyris (1958), Forehand and Gilmore (1964), and Leavitt (1964) all investigated climate at the organizational level. James and Jones (1974) later distinguished between organizational and

psychological climate, which is the individual's perceptions. Still others have looked at climates at the "subunit" level (e.g., Hellriegel & Slocam, 1974; Howe, 1977; Powell & Buterfield, 1978). For these people, climate can exist at all three levels: individual, subunit (i.e., group), and organizational. While no consistent conceptualization exists regarding the construct, it is generally accepted to investigate climate at all three levels, depending on the researcher's question of interest. In the present study, climate at the subunit level will be the focus.

Climate research has also differed regarding the specific focus of the construct (general versus specific). Early researchers usually did not focus their definitions on specific climate aspects (e.g., climate for productivity, creativity, etc.), but rather looked at larger organizational concepts such as leadership (cf., Fleishman, 1953; McGregor, 1960). Later theorists have argued that different types of climates can exist for differing goals, aims, or objectives. For example, a positive climate could exist for safety, while a different climate might exist for productivity, quality, or even customer service. Studies looking at more specific definitions of climate have produced stronger relationships between climate and the specified criterion than more general definitions (e.g., Pritchard & Karasick, 1973; Schneider & Bowen, 1985), suggesting

that defining one's climate relative to the criterion is a more fruitful avenue to pursue.

Because the criterion of interest in the present study is customer service orientations, organizational climate for service will be the focus. Ultimately, climate for service must exist in the minds of both the organizational members and customers. In this light, climate for service is defined as a set of descriptive characteristics that differentiate one organization from the next in regard to service delivery and service quality and also affect the exhibited customer service behaviors of employees (Schneider, 1973; Schneider et al., 1980). Specifically relating to employees, a positive climate for service is said to exist when employees' perceive that: 1) practices and procedures are in place that facilitate the delivery of excellent service, and, 2) management rewards, supports, and expects excellent service (Schneider & Bowen, 1985). Another integral part of climate for service is that the organization must treat the employees in the same manner it would want them to treat customers (Schneider & Bowen, 1985).

A fair amount of research has been conducted on climate for service. For example, Schneider et al. (1980) investigated perceptions of service climate and attitudes toward service quality among both bank employees and customers. Specifically, the study found that employees' views of the general level of service offered by the bank were highly correlated with

customers' perceptions of service quality ($r = .67$). The study also revealed that employee perceptions of specific dimensions of branch service quality (e.g., manager emphasis on service, branch attempts to retain customers) were correlated with both general and specific customer perceptions (e.g., teller courtesy and competence, handling of services, employee attitudes).

Extending previous work, Schneider and Bowen (1985) found that customers tune in to human resources practices and specific service-related practices and use both when evaluating the organization's overall service orientation. Also, a strong correlation existed between employee perceptions of favorable human resources practices and customer perceptions of service quality. Thus, human resources practices likely affect both the service oriented actions exhibited by employees and also give off an impression on customers that affects their evaluation of the organization.

Schneider, Wheeler, and Cox (1992), in a slightly different approach (i.e., using content analysis), showed that employee responsiveness to customers, hiring procedures, training availability, and the service delivery style were related to the organization's climate for service. The authors noted both the usefulness and difficulty of using content analysis in such an investigation.

Two recent studies give even more evidence as to the importance of fostering an organizational climate for service.

First, Kelley (1992) found that employee's own perceptions of a customer service climate had a positive relation with their customer service orientations. Second, Fausz (1994), investigating the effects of climates in a health-care setting, showed that employee perceptions of a climate for service were very strongly related to supervisor ratings of customer service behaviors ($r = .59$). Taken as a whole, strong evidence exists regarding the importance of cultivating climates for service in that it has been demonstrated that climates for service affect not only service behaviors and attitudes in employees but also affect customer perceptions of service and subsequent intentions to keep doing business with the organization (Fausz, 1994; Kelley, 1992; Schneider et al. 1980; Schneider & Bowen, 1985).

The purpose of studying climate for service in the present study was two-fold. First, the study sought to verify the results of the Fausz (1994) study that successfully found a strong correlation between employee perceptions of a climate for service and supervisor ratings of customer service behaviors. Second, in an effort to extend the existing literature and provide a more complete understanding of the chronological effects of organizational practices on employee outcomes, efforts will be also be made to uncover the relationship climate for service has with other predictors of customer service and the criterion of customer service behaviors (i.e., perceived supervisory commitment to customer service will be tested as an

antecedent of climate for service). However, at this juncture it is reasonable to hypothesize that:

Hypothesis 8: Employee perceptions of a climate for service will have a direct effect on customer service behaviors.

Simply knowing that 'climate for service' is important does aid significantly when helping organizations achieve customer service. However, questions will also arise as to how the organization can cultivate or make a climate for service. Without scientific knowledge of the proper areas to concentrate on, the methods chosen will be no more than random guesses. Organizational researchers must be able to provide answers and successfully guide organizations toward achieving the desired climates. Hence, the next step in the investigative process is to identify the relevant factors that contribute to (and inhibit) a climate for service. This study seeks to uncover a new antecedent of climate for service, perceived supervisory commitment to customer service. In the present analysis, the perceived supervisory commitment to customer service will be tested as an antecedent of climate for service.

Perceived supervisory commitment to customer service

Research has already identified some antecedents of climates for service. For example, Kelley (1992) demonstrated

that exposing employees to greater levels of socialization can have a positive effect on the climate for service. Also, Schneider and Bowen (1985) illustrated how employees' positive perceptions of human resource practices (e.g., receiving performance feedback, knowing reward contingencies, information sharing, etc.) may be a precursor to a climate for service. Further, Schneider and Reichers (1985) discuss the how climates may emerge from different factors such as organizational structure, employees' selective attrition actions, and the interactions between people (i.e., socialization). However, modern studies have largely ignored the impact of leadership on climates. To date, only one modern empirical study has investigated the influence of leadership activities on climates (e.g., Kozlowski & Doherty, 1989). This is surprising due to at least a couple of reasons: (1) an immense amount of anecdotal evidence literally lauds the importance of leadership for nearly every organizational outcome, and (2), results from early scientific studies that revealed how leader behaviors significantly affected climates.

Leadership commitment has been touted as one of the most important factors contributing to the effectiveness of organizational programs. In numerous anecdotal pieces, authors assert how even the slightest initiatives must have organizational support in order to succeed (e.g., Peters, 1987; Zemke & Schaaf, 1989). Also, empirical evidence suggests that

leadership is important in activities such as initiating and maintaining Total Quality Management and work teams (Ketchum & Trist, 1990), just-in-time inventories (Duncan, 1989), and safety initiatives (Minter, 1991).

In the first empirical study on climate, leadership style was manipulated three different ways and effects were observed on climate perceptions and behavioral responses (Lewin, Lippitt, & White, 1939). This study was later replicated by White & Lippitt (1960) in what has now become a classic experiment in leadership research. Briefly, the authors created quasi-organizations composed of an adult leader and ten year-old boys (the subordinates) who met after school to engage in hobby activities (White & Lippitt, 1960). In each organization, leader behavior was manipulated to examine the effects of a "democratic," "laissez-faire," or an "authoritarian" leader. Each of the three leadership styles produced markedly different social climates, with each being differentiated in a manner compatible with leader style. Results from studies like these left little doubt in the minds of scientists of that day that managers' leadership styles and actions were primary determinants of organizational climates and individual behaviors (cf., Likert, 1967; McGregor, 1960).

More recently, Schneider (1983) declared that people's perceptions of processes will be closely linked to interactions that take place within the immediate organizational context.

Kozlowski and Doherty (1989), noting how employees' immediate supervisors can almost always be included within the "immediate organizational context," hypothesized that "the nature and quality of interactions with supervisors may be a key filter in the interpretations that provide the basis for subordinates' climate perceptions" (Kozlowski & Doherty, 1989, p. 547). The results of their study showed that subordinates with high-quality leader-member relationships reported more positive climates and elicited greater agreement on climate perceptions than did subordinates with low-quality leader-member relations.

At a minimum it can be concluded that leader behaviors do influence climates. Regarding their effects on climates for service, Schneider et al. (1980) discovered that subordinate perceptions of how much supervisor's emphasized customer service was correlated with customer perceptions of customer service as well as specific facets such as teller competence and courtesy. Also, Fausz (1994), in his investigation of factors related to customer service, found that a supervisor's emphasis on customer service was the strongest predictor of the nine variables investigated. Thus, evidence exists as to the effects of leadership behaviors on: (1) customer perceptions of customer service, and (2) employee customer service behaviors. The only unanswered question is whether perceived leadership/supervisory commitment to customer service affects the climate for service.

It is theoretically possible that a work group could have a climate for service without having a supervisor emphasizing service (see Kerr & Jermier, 1978, for a discussion of substitutes for leadership). Also, it is theoretically possible that a work group could ignore a leader's desires (and have a negative climate for service) for the group to exhibit customer service behaviors. However, in a situation where: (1) the work group is exhibiting customer service behaviors, (2) there is a positive climate for service, and (3), work group members are allowing themselves to be influenced by the leader, it would seem likely that the leader will be influencing the climate of the work group.

That Fausz (1994) found a positive relationship between climate for service and employee customer service behaviors suggests that, for at least some respondents in the study, a climate for service existed within the work group and that customer service behaviors were being exhibited. Also, since perceived supervisory commitment to customer service did have an impact on employees' behaviors (i.e., customer service behaviors in specific), indications are that leader's were able to influence employee behaviors. Thus, all three conditions in the above paragraph have been established as true in the Fausz study. Although these facts do not prove that leaders influence climates for service, and were not explicitly investigated in

the Fausz study, there is enough evidence to warrant the following hypotheses:

Hypothesis 9: Perceived supervisory commitment to customer service will have a direct effect on the climate for service.

Hypothesis 10: Perceived supervisory commitment to customer service will have a direct effect on customer service behaviors exhibited by employees.

CHAPTER III

METHOD

Participants

Subjects for this study included Registered Nurses (RNs), Licensed Practical Nurses (LPNs) and Nursing Assistants working in two different hospitals in the South. Since all of these job types directly interact with patients in hospitals and perform similar duties, they were deemed a homogenous group.

A total of 320 surveys were distributed among the hospitals and 267 nursing professionals returned their surveys in time for use in the study. Of these, only 245 were usable. The calculated response rate was 83%. Of the 267 returning their surveys, 31 nursing supervisors provided ratings on 237 nursing professionals. However, not all of the ratings were able to be matched to the appropriate survey (i.e., some supervisors rated people who had not taken the survey, etc.), yielding 201 cases for the data analysis.

Of those responding, 95 % were female. Average tenure on one's current position was 9.22 years, with a range of 1 to 34 years. All nursing supervisors (who provided ratings) were female.

Procedure

At hospital number one, the researcher was able to attend a year-end meeting in which all subjects were present. Each nursing professional in attendance was given a survey, completed

it immediately, and gave it back to the researcher. At hospital number two, it was decided that the researcher would give the surveys to the unit supervisors who would then be responsible for getting her nursing professionals to complete the surveys. For all participants, confidentiality was ensured by giving each nursing professional an envelope to place the completed survey. Moreover, a box was placed in the nursing administrator's office for the subjects to return their surveys. Considerable support from top nursing management allowed for this procedure to be successful. When all surveys had been completed and returned to the box, the surveys were bulk-mailed to the researcher.

After receiving all completed surveys from the hospitals, the researcher mailed ratings forms to the nursing supervisors. Each nursing supervisor rated all nursing professionals in her unit who had completed a survey. After filling out the rating forms, the supervisors returned the forms to a contact person, who then gave the forms to the researcher.

The nursing professional survey contained all the predictor measures (e.g., perceived climate for service, perceptions of transformational leadership, etc.). The survey given to nursing supervisors contained the rating scales on customer service, which served as the criteria in the study. Copies of the cover letter (given to nursing professionals), the subject survey, and the supervisor rating form are provided in **Appendices A, B, and C** respectively. The description of each

construct as well as items measuring the construct is provided below.

Measures

Nursing Professional Survey

Customer Service Orientation. The customer service orientation (i.e., personality variable) of nursing professionals was measured with items from the Personal Style Inventory for Health Care Providers. This inventory was developed by Thomas and Lounsbury (1994) and contained three factors regarding how nurses relate to customers. The scales were: (1) Patient Need, (2) Interpersonal Interaction, and (3) Above & Beyond. The number of items on each factor was 5, 7, and 6 respectively. Previous research has shown acceptable levels of internal consistency, with coefficient alphas ranging from .63 on the 'Patient Need' and 'Above & Beyond' scales to .77 on the 'Patient Interpersonal' Interaction scale (e.g., Thomas & Lounsbury, 1994).

The format of the items was a modified forced-choice set up. Two statements designed to be equally valent were placed at opposing ends of a 5-point continuum (i.e., one at each end). For a particular item, subjects were to read each of the two statements and decide (by checking the appropriate box) which was more characteristic of the way s/he typically feels or acts at work (see Figure 3.1). Items were scored 1 to 5 (according

SELF-REPORTED CUSTOMER SERVICE ORIENTATION

The needs of the patient should always come first. ☐ ☐ ☐ ☐ ☐

The needs of the hospital should always come first.

I always try to be responsive to the patient, even if it means getting behind schedule. ☐ ☐ ☐ ☐ ☐

I try to be responsive to the needs of the patient, but not if it means getting behind schedule.

I do not mind pitching in to help a coworker, even if it means getting behind schedule. ☐ ☐ ☐ ☐ ☐

If I get a little behind schedule, I would rather not get side-tracked from doing my own duties.

If a patient needs immediate attention and I cannot help her/him promptly, I prefer to ask a coworker to help him/her right away. ☐ ☐ ☐ ☐ ☐

If a patient needs immediate attention and I cannot get to him/her promptly, I prefer to let the patient know personally that I will get to her/him as soon as I can.

I think most patients are more interested in me doing my job and leaving. ☐ ☐ ☐ ☐ ☐

I think most patients like for me to strike up a conversation with them as I do my job.

I would like to hear from some of my patients after they have left the hospital. ☐ ☐ ☐ ☐ ☐

I would not like to hear from any of my patients after they have left the hospital.

I like to get to know the patient's family as well as the patient. ☐ ☐ ☐ ☐ ☐

I like to focus exclusively on getting to know the patient him/herself.

I think it is a good idea to give patients back rubs. ☐ ☐ ☐ ☐ ☐

I do not think it is a good idea to give patients back rubs.

Usually, understanding a patient's personality greatly helps a care provider deal with that patient. ☐ ☐ ☐ ☐ ☐

Understanding a patient's personality usually won't help a care provider deal with the patient more effectively.

When a patient continues to complain a lot, even after repeated efforts to help, I tend to tune him/her out and go about my business. ☐ ☐ ☐ ☐ ☐

When a patient continues to complain a lot, even after repeated efforts to help, I will find a new way to help him/her.

I think that a care provider's job performance should be evaluated based in part on satisfaction ratings from her/his patients. ☐ ☐ ☐ ☐ ☐

I do not think that a care provider's job performance should be evaluated at all based on satisfaction ratings from her/his patients.

From:

Thomas, J.B., & Lounsbury, J.W. (1994). Personality versus affect: Predicting customer service orientations. Paper presented at the Society for Industrial/Organizational Psychology convention for April, 1994, Nashville, Tennessee.

Items measured on a 5-point scale corresponding to which box is checked.

Figure 3.1 Items measuring Customer Service Orientation

I would feel completely comfortable apologizing to a patient for a mistake I had made.

::				

I would feel uncomfortable apologizing to a patient for a mistake I had made.

I think it is a good idea to sympathize with the patient who is suffering.

::				

I do not think it is a good idea to sympathize with the patient who is suffering.

When it comes to factors influencing a patient's satisfaction with their hospital stay, "Being treated as an individual is as important as actually getting better.

::				

When it comes to factors influencing a patient's satisfaction with their hospital stay, "Being treated as an individual" is as important as actually getting better.

In my opinion, most patients are not qualified to judge the quality of care they receive.

::				

In my opinion, most patients are qualified to judge the quality of care they receive.

I am very comfortable when a patient tells me about her/his personal problems.

::				

I am uncomfortable when a patient tells me about her/his personal problems.

In general, I like to be able to give my home phone number to my patients so they can call me.

::				

In general, I prefer not to give my home phone number to patients, no matter what the circumstance.

I agree with the statement: "Many patients will be happy no matter how hard I try to please them."

::				

I disagree with the statement: "Many patients will be unhappy no matter how hard I try to please them."

I think it is a good idea to give patients foot rubs.

::				

I do not think it is a good idea to give patients foot rubs.

Figure 3.1 (continued).

to which box was checked), reverse coded when necessary, and were summed to form a single scale score for each of the scales. High scores indicated a positive interpersonal interaction, high patient need responsiveness, etc. An overall "self-reported customer service orientation" score was formed by summing all three scale scores. The construct was operationalized in this manner for LISREL analysis purposes.

Positive Mood State. Figure 3.2 show items for this construct, which was measured using the six-item Positive Affect sub-scale of the Job Affect Scale (Brief, Burke, George, Robinson, & Webster, 1988). Each of the items was a single word describing how a person could feel at work (e.g., excited, enthusiastic, active, peppy, etc.). Respondents were to indicate how much each word described the way s/he felt over the past two weeks (1 = very slightly, not at all; 2 = a little; 3 = moderately; 4 = quite a bit; 5 = very much). Coefficient alpha for this scale has been very high in past research, ranging from .81 to .87 (George, 1991; Organ & Konovsky, 1989; Thomas & Lounsbury, 1993).

Fairness Cognitions. Consistent with Organ and Konovsky (1989) twelve items measuring an individual's perceptions of fairness regarding pay and the job were used in the present study (see Figure 3.3). For each item, respondents indicated how good (or fair) their job and pay was when compared to a variety of referents (1 = not good at all, totally unacceptable;

WORDS USED TO MEASURE POSITIVE MOOD STATE

1. Active
2. Strong
3. Excited
4. Enthusiastic
5. Peppy
6. Elated

From:

Brief, A.P., Burke, M.J., George, J.M., Robinson, B., & Webster, J. (1988). Should negative affectivity remain an unanswered variable in the study of job stress? Journal of Applied Psychology, 73, 193-198.

Items measured on a 5-point scale (1 = very slightly, not at all; 2 = a little; 3 = moderately; 4 = quite a bit; 5 = very much).

Figure 3.2 Items measuring positive mood state.

FAIRNESS COGNITIONS

1. How good is your job compared to similar individuals in this company who have this job?
2. How good is your pay compared to similar individuals in this company who have this job?
3. Compared to all individuals who work for this organization, how good is your job?
4. Compared to all individuals who work for this organization, how good is your pay?
5. Compared with other individuals doing the same job in other organizations, how good is your job?
6. Compared with other individuals doing the same job in other organizations, how good is your pay?
7. How good is your job compared to other people who have the same amount of education as you?
8. How good is your pay compared to other people who have the same amount of education as you?
9. How good is your job compared to others who are the same age as you?
10. How good is your pay compared to others who are the same age as you?
11. Compared to what you expected at this time, how good is your job?
12. Compared to what you expected at this time, how good is your pay?

From:

Organ, D.W., & Konovsky, M. (1989). Cognitive versus affective determinants of organizational citizenship behavior. Journal of Applied Psychology, 74, 157-164.

Each item was measured on a 5-point scale (1 = not good at all, totally unacceptable; 2 = not quite as good as others, somewhat unacceptable, ; 3 = O.K., acceptable; 4 = good, a little better than others; 5 = very good, much better than others).

Figure 3.3 Items measuring fairness cognitions.

2 = not quite as good as others, somewhat unacceptable, ; 3 = O.K., acceptable; 4 = good, a little better than others; 5 = very good, much better than others). In previous research, the fairness cognitions items have been separated into two clear factors: fairness regarding pay, and fairness regarding one's job in general (Organ & Konovsky, 1989). Scores on these two factors were first summed to yield sub scale scores and then added together to yield one overall fairness score. Coefficient alphas on this construct have been very high in past research, ranging from .80 to .92 (George, 1991; Organ & Konovsky, 1989).

Transformational Leadership. Figure 3.4 contains the items used to measure nursing professionals' perceptions of transformational leadership characteristics. The items were variations from the Multifactor Leadership Questionnaire (MLQ), Form 5R (Bass & Avolio, 1991). Nursing professionals responded to each of the items, rating each leader behavior on a 5-point scale (1 = not at all; 2 = once in a while; 3 = sometimes; 4 = fairly often; 5 = frequently, if not always). Four subscales from the MLQ 5R were employed: (1) Charisma, (2) Individualized consideration, and (3) Intellectual stimulation, and (4) Inspirational leadership. Coefficient alphas for these scales ranged from the high .70s to low .90s (Howell & Avolio, 1993; Seltzer & Bass, 1990). Items on each subscale were first summed together to yield subscale scores. These scores were then summed to form an overall transformational leadership score.

TRANSFORMATIONAL LEADERSHIP

Charisma

1. My supervisor makes personal sacrifices for the benefit of others.
2. My supervisor remains calm during crises situations.
3. My supervisor instills pride in being associated with him/her.
4. My supervisor goes beyond his/her own self-interest for the good of our group.
5. My supervisor provides reassurance that we will overcome obstacles.
6. My supervisor displays extraordinary talent and competence in whatever s/he undertakes.
7. My supervisor's actions build my respect for him/her.
8. My supervisor displays a sense of power and competence.

Intellectual Stimulation

1. My supervisor emphasizes the value of questioning assumptions.
2. My supervisor re-examines critical assumptions to question whether they are appropriate.
3. My supervisor encourages us to rethink ideas that had never been questioned before.
4. My supervisor questions the traditional ways of doing things.
5. My supervisor seeks differing perspectives when solving problems.
6. My supervisor suggests new ways of looking at how we do our jobs.
7. My supervisor encourages me to express my ideas and opinions.
8. My supervisor gets me to look at problems from many different angles.
9. My supervisor encourages non-traditional thinking to deal with traditional problems.

From:

Bass, B., & Avolio, B.J. (1991). *Manual for the Multifactor Leadership Questionnaire*. Palo Alto, CA: Consulting Psychologists Press.

Items were rated on a 5-point scale (1 = not at all; 2 = once in a while; 3 = sometimes; 4 = fairly often; 5 = frequently, if not always).

Figure 3.4. Items measuring transformational leadership behaviors.

TRANSFORMATIONAL LEADERSHIP

Individual Consideration

1. My supervisor treats me as an individual rather than just a member of a group.
2. My supervisor listens attentively to my concerns.
3. My supervisor provides useful advice for my development.
4. My supervisor focuses me on developing my strengths.
5. My supervisor spends time teaching and coaching me.
6. My supervisor treats each of us as individuals with different needs, abilities, and aspirations.
7. My supervisor teaches me how to identify the needs and capabilities of others.
8. My supervisor promotes self-development.
9. My supervisor gives personal attention to members who seem neglected.

Inspirational Leadership

1. My supervisor sets high standards.
2. My supervisor envisions exciting new possibilities.
3. My supervisor talks optimistically about the future.
4. My supervisor expresses his/her confidence that we will achieve our goals.
5. My supervisor provides continuous encouragement.
6. My supervisor focuses my attention on "what it takes" to be successful.
7. My supervisor talks enthusiastically about what needs to be accomplished.
8. My supervisor arouses awareness on what is essential to consider.
9. My supervisor articulates a compelling vision of the future.
10. My supervisor shows determination to accomplish what s/he sets out to do.

Figure 3.4 (continued).

Perceived Organizational Climate for Service. The six items measuring this scale are shown in Figure 3.5 and are taken from studies by Schneider and Bowen (1985) and Schneider et al. (1980). The dimension of climate for service was assessed by the items from Schneider's "customer orientation" scale because, for this study, the relevant component of climate for service was the aspect amenable to be influenced by the nursing supervisor. Hence, after inspecting all scales, it was decided that this aspect was the appropriate scale. Ratings were provided on each item according to the following scale (1 = strongly disagree; 2 = disagree; 3 = neither agree or disagree; 4 = agree; 5 = strongly agree). Previous studies by Schneider and colleagues have shown very high reliabilities (ranging from .80s to .90).

Perceived Supervisory Commitment to Customer Service.

Figure 3.6 shows the 8 items taken from Zemke & Schaaf's (1989) scale measuring this construct. For the items, respondents were to indicate the extent to which they agreed with each of the 8 statements describing a supervisor behaviors (1 = strongly disagree, 5 = strongly agree). These eight items were summed to form a supervisor commitment to customer service score. Coefficient alpha for this scale in the Fausz (1994) study was .85, which is respectable.

CLIMATE FOR SERVICE

Customer-Orientation

1. Patient complaints are given high priority at this hospital.
2. All reasonable attempts are made to resolve patient complaints.
3. Patients receive helpful and responsive attention when problems arise.
4. We are concerned with patient opinions at our hospital.
5. In this hospital, we try to remember the names of patients.
6. In this hospital, we go the extra distance for customers.

From:

Schneider, B., Parkington, J.J., & Buxton, V.M. (1980).
Employee and customer perceptions of service in banks.
Administrative Science Quarterly, 16, 252-267.

Schneider, B., & Bowen, D.E. (1985). Employee and customer
perceptions of service in banks: Replication and
extension. Journal of Applied Psychology, 70, 423-433.

Ratings were provided on each item according to the following
scale (1 = strongly disagree; 2 = disagree; 3 = neither agree or
disagree; 4 = agree; 5 = strongly agree).

Figure 3.5. Items measuring climate for service.

SUPERVISORY COMMITMENT TO CUSTOMER SERVICE

1. My supervisor meets regularly with care givers to discuss how to improve
2. patient care.
3. My supervisor encourages care givers to come up with ideas to improve patient care.
4. My supervisor supports care givers when they come up with ideas to improve patient care.
5. My supervisor takes time to answer procedural questions when they arise.
6. My supervisor demands that you provide high quality patient care.
7. My supervisor persists in her or his emphasis on satisfying patients.
8. My supervisor provides care givers with resources (e.g., training, guidance, supplies, etc.) needed to properly treat patients.

Modified from:

Zemke, R., & Schaaf, D. (1989). The service edge: 101 companies that profit from customer care. New York: Plume.

Fausz, A.T. (1994) Factors related to supervisory ratings of employees' customer service orientation. Unpublished doctoral dissertation.

Respondents indicated the extent to which they agreed with the statements according to the following scale (1 = strongly disagree, 5 = strongly agree).

Figure 3.6. Items measuring supervisory commitment to customer service.

Supervisor Questionnaire

This questionnaire was sent to the nursing professional's supervisor in order to obtain ratings on exhibited customer service behaviors. Figure 3.7 shows this six-item scale that was derived by Thomas & Lounsbury (1994) explicitly for assessing customer service behaviors among health care providers. The six items/dimensions looked at are: patient rapport, responsiveness to patient needs, positive interaction with family of patient, teamwork and coworker relations, and 'above and beyond.' Supervisors rated their subordinate nursing personnel on each item according to the following scale, which ranged from 1 to 7 (1 = performance does not meet, or rarely meets minimum standards, 7 = Single best performance ever observed). Thomas and Lounsbury (1994) and found internal consistency for these items to be .97.

CUSTOMER SERVICE BEHAVIORS (AS RATED BY SUPERVISORS)

1. Develops positive rapport with patients, reassures them, is friendly and pleasant with patients, smiles, greets them by name, treats patients personally and as individuals.
2. Is responsive to the needs and concerns of patients, handles patient requests and complaints, anticipates patient concerns, does not lose composure even when dealing with difficult patients, respects the dignity of each patient.
3. Introduces self to family members, answers questions, is friendly to family, reassures and comforts family when appropriate, is flexible with visiting hours when necessary, tries to make them feel comfortable.
4. Contributes to team work and morale at work, cooperates with other hospital personnel when asked to do so, takes up slack for co-workers, projects image of being a team player who will work cooperatively with others.
5. Goes beyond normal duties to meet patient needs, provides extra care to patient, checks on patient even when call light has not been pushed, looks for ways to provide quality service to patients.
6. All things considered, how would you rate this person's overall patient service orientation, including the degree to which the person's job performance contributes to a high patient satisfaction, patient retention, increased referrals, and positive public image of your hospital.

From:

Thomas, J.B., & Lounsbury, J.W. (1994). Personality versus affect: Predicting customer service orientations. Paper presented at the Society for Industrial/Organizational Psychology convention for April, 1994, Nashville, Tennessee.

Items measured on a 7-point scale(1 = performance does not meet, or rarely meets minimum standards; 2 = Less than satisfactory; 3 = Satisfactory in most respects; 4 = Satisfactory in all respects; 5 = Above average but not superior; 6 = Superior in almost all respects; 7 = Single best performance ever observed).

Figure 3.7. Items measuring employees' exhibited customer service behaviors.

CHAPTER IV.

RESULTS

Descriptive statistics were calculated on the study variables and are presented in Table 4.1. Specifically, scale means, standard deviations, actual ranges, and observed minimums and maximums are reported. Table 4.2 shows the zero-order correlations among the variables as well as Cronbach's (1951) internal consistency measures. With the exception of the self-reported customer service orientation, which yielded an alpha of .70, all scales produced internal consistency measures above .80, which is very acceptable. Seven of the eleven scales had alphas above .90.

Initial investigation of the correlation matrix shows very high correlations among the transformational leadership scales (range = .81 to .90). Also notable is the significant negative correlation between pay satisfaction and the criterion of customer service behaviors ($r = -.16$). In looking at the correlations between the independent variables and the criterion, all but the job satisfaction variable possess a significant relationship.

Tests Between Hospital Participants

A Hotelling's T^2 and a series of univariate t tests between employee responses from the two hospitals were conducted on the two data sets. Results can be seen in Appendix D.

Table 4.1. *Descriptive statistics for study variables (N = 201)*

Measure (number of items)	Mean (SD)	Actual Range	Maximum	Minimum
EMPLOYEE MEASURES				
Perceived Organizational Climate for Service				
Customer Orientation(6)	24.04 (3.0)	1 - 5	13	30
Perceived Supervisory Commnt. to Customer Service (7)				
	29.53 (5.2)	1 - 5	11	35
Transformational Leadership				
Individual Consideration(10)	38.77 (8.8)	1 - 5	12	50
Intellectual Stimulation (9)	34.37 (7.2)	1 - 5	13	45
Inspirational Leadership (8)	31.54 (6.6)	1 - 5	12	40
Charisma (8)	31.84 (7.1)	1 - 5	9	40
Job Satisfaction (6)	17.71 (5.1)	1 - 5	6	29
Pay Satisfaction (6)	22.31 (4.8)	1 - 5	11	30
Positive Mood (6)	22.31 (4.8)	1 - 5	7	33
Self reported Customer Service Orientation (10)	42.15 (4.2)	1 - 5	21	45
SUPERVISOR MEASURES				
Customer Service Rating (6)	31.71 (6.8)	1 - 7	12	42

Table 4.2. Correlations Among Study Variables (Cronbach Alphas on the diagonals)

Study Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Gender	--												
2. Tenure	-12	--											
3. Climate for Service	-02	12	(84)										
4. Supervisor Commitment to Customer Service	-01	-06	31**	(90)									
TRANSFORMATIONAL LEADERSHIP (5-8)													
5. Individual Consideration	-01	-18*	29**	81**	(94)								
6. Intellectual Stimulation	-02	-09	29**	84**	88**	(92)							
7. Charisma	01	-08	29**	86**	90**	88**	(93)						
8. Inspirational Leadership	00	-13	22**	85**	85**	90**	87**	(93)					
FAIRNESS COGNITIONS (9-10)													
9. Job Satisfaction	-01	03	33**	39**	40**	42**	38**	38**	(93)				
10. Pay Satisfaction	02	23**	20**	05	00	04	04	03	40**	(88)			
11. Positive Mood	-02	-09	21**	27**	33**	32**	31**	30**	35**	04	(82)		
12. Self reported Customer Service Orientation	05	07	18*	19*	18**	15*	14*	14*	20**	-05	26**	(70)	
SUPERVISOR RATING													
13. Customer Service Behaviors	16*	-08	15*	32**	37**	31**	33**	28**	12	-16*	18**	23**	(97)

Note: Decimals have been omitted
 * $p < .05$ ** $p < .01$

Results showed a significant T^2 of .197, $F(8,187) = 4.47$, $p < .01$. Univariate t tests showed that five variables were significantly different. This is not necessarily troubling when, considering that the range on most of the variables was quite large (e.g., 7 to 42 for the criterion rating), the mean differences were never more than 3 points apart and were usually around one point in difference (see Appendix D). Differences in correlations among study variables between the hospitals was also investigated. Appendices E and F show these results. Briefly, most variables intercorrelated in nearly the same manner. However, some differences were noted with regard to how the leadership variables and the self-reported customer service orientation correlated with the criterion. For this study, both employee and supervisory responses were combined and were considered as a single data set. This procedure produced a large sample size, which is critical for obtaining necessary statistical power.

Hypothesis Tests

The major statistical analyses consisted of running structural equations modeling in LISREL 7 (Joreskog & Sorbom, 1984) to assess the validity of each hypothesized link among the variables. However, before running this analysis, the proposed moderating effect of perceived supervisory commitment to customer service on the relationship between transformational leadership and supervisory ratings of customer service was

assessed via multiple regression analysis. The following paragraphs describe the results of this analysis.

The results of this analysis are shown in Table 4.3. Following the example in Cohen and Cohen (1983), hierarchical regression analyses were used to investigate the proposition. Specifically, supervisory ratings of customer service was the dependent variable. In the first step, the transformational leadership scales were entered as a single set. The multiple correlation for this step was highly significant ($R = .34$, $p < .001$). In the second step, perceived supervisory commitment to customer service was entered. The change in R square was not significant ($\Delta R^2 = .01$, ns). The interaction term, which was created by multiplying the first two variables together, was entered into the equation in step three. As Table 4.3 shows, the interaction was not significant ($\Delta R^2 = .00$, ns).

Had the multiple regression showed a significant interaction, transformational leadership could have been divided with regard to high and low levels of the interaction variable (i.e., perceived supervisory commitment to customer service), and two separate structural models would have been run. In each of these models, the effect of TFL (with either high or low levels of commitment to customer service) would have been assessed, thus providing a further test of the interaction. However, because the interaction was not significant, emphasis was placed solely on the grand structural model, which looks at

Table 4.3.

Hierarchical Regressions: Perceived Supervisor Commitment to Customer Service as a Moderator Between Transformational Leadership and Supervisor Ratings of Customer Service Scale and Positive Mood.

Variables entered		Customer Service	
Step 1:	Transformational Leadership		
	Multiple R	.34	***
Step 2:	Perceived Supervisor Commitment to Customer Service		
	Multiple R	.35	***
Supervisor Commitment beyond Transformational Leadership			
	ΔR^2	.01	ns
Step 3:	Interaction term		
	Multiple R	.35	***
Interaction term beyond Step 2			
	ΔR^2	.00	ns

*** $p < .001$

the direct link between transformational leadership and supervisor ratings of customer service.

Structural Equations Results

The structural equations analyses will be presented in two sections. The first will deal with the hypothesized effects of the variables (i.e., the significance of the path weights in the structural model). The second section will report the fit of the data with the proposed model. That is, multiple fit indices comparing a null model to various other models will be examined.

Table 4.4 shows the zero-order correlations of the latent variables and Figure 4.1 shows the results of the hypothesized model. Inspection of the figure reveals two significant changes in the way the model was proposed versus the way the model was tested. First, two separate constructs exist in relation to fairness cognitions. Specifically, a job satisfaction and pay satisfaction scale are present in the model as exogenous variables three and four respectively. Initially, these constructs were to be considered as one exogenous variable for analytical purposes. However, due to the unacceptably low fit indices produced with this setup (i.e., fit indices were in the low .70s), and because the LISREL (Joreskog & Sorbom, 1984) modification indices strongly suggested splitting the items, the two variables were separated into two different but related constructs.

Table 4.4. Intercorrelations of latent variables.

Latent Variables	1	2	3	4	5	6	7
1. Climate for Service	-						
2. Transformational Leadership/ Supervisor commitment to Customer Service	.30**	-					
3. Job Satisfaction	.33**	.42**	-				
4. Pay Satisfaction	.20**	.03	.40**	-			
5. Positive Mood	.21**	.33**	.35**	.04	-		
6. Self-reported Customer Service Orientation	.18*	.17*	.20**	-.05	.26**	-	
7. Customer Service Behaviors (Rating)	.15*	.35**	.12	-.16*	.18*	.23**	-

* p < .05 ** p < .01

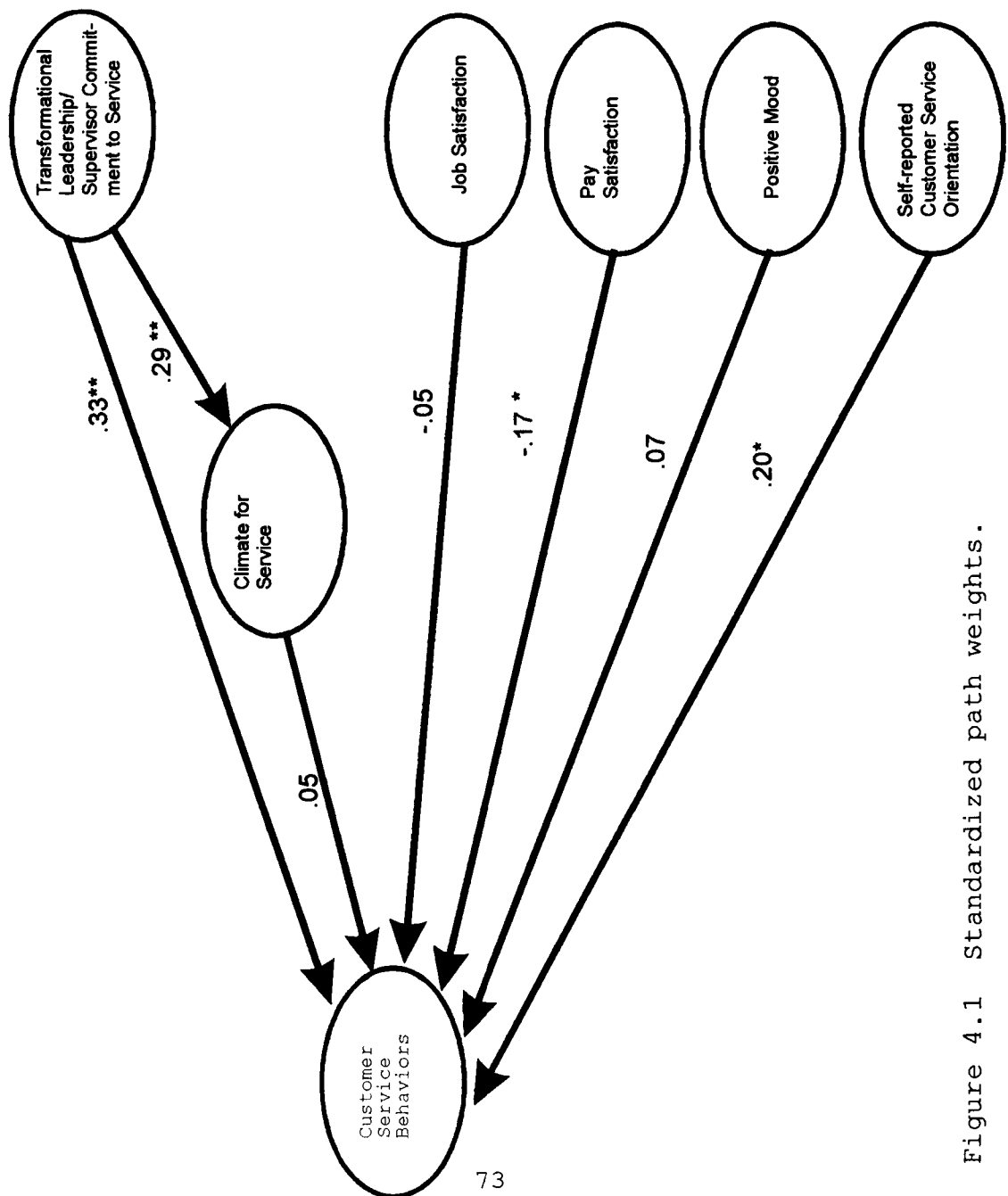


Figure 4.1 Standardized path weights.

Figure 4.1 also reveals another significant variation from the proposed structure. Initially, transformational leadership and perceived supervisory commitment to customer service were proposed to be two separate constructs. However, both the correlation matrix and results of the structural equations analyses provided strong statistical evidence for considering the two as one. First, inspection of Table 4.2 reveals extremely high intercorrelations between not only the four transformational leadership scales, but also between these scales and perceived supervisory commitment to customer service (range = .81 to .86). Manly (1986), in his textbook on multivariate statistics, notes that an initial way of identifying common factors among variables is to examine correlation matrixes, looking for highly intercorrelating variables. From this, initial evidence supports combining the two constructs.

Additional evidence comes from the preliminary LISREL results, which produced a standardized correlational value of .87 for the relationship between transformational leadership and perceived supervisor commitment to customer service. Moreover, modification indices also revealed that several items had a tendency to "cross load" (i.e., modification indices for specific transformational leadership items showed high modification indices under the perceived supervisor commitment to customer service scale and vice versa). Thus the overlap

between the two constructs was very high as nearly 80% of the variance in the constructs overlapped. Further, inspection of Tables 4.2 and 4.4 reveal that the TFL and supervisor commitment scales correlated with the other variables in the study almost identically.

Although more discussion on the conceptual issues of combining variables will be presented later, **conceptual evidence** must also exist for combining the two variables. When looking at the items in the survey (see Appendix B), several similarities are noticeable. For example, one of the supervisor commitment items reads "My supervisor supports care givers when they come up with ideas to improve patient care." This is very similar to two "intellectual stimulation items," which read, "My supervisor encourages us to rethink ideas that had never been questioned before," and "My supervisor questions traditional ways of doing things." The similarity can best be categorized in that all three items involve a willingness on the supervisor's part to question old ways and come up with new ways of improving the organization.

As a final piece of evidence in support of combining the two constructs, an investigation of the survey design was conducted to see if the format caused the unusually high correlations. Regarding this format, both the transformational and supervisor commitment items were interspersed between each other (see Appendix B). This raised questions as to whether the

format caused respondents to not distinguish between subtle differences in item content. This did not seem to be the case though as the fairness cognitions items were also interspersed in this way (i.e., pay and job satisfaction items were alternately presented) and the resulting correlation between these variables was only .40; where as the correlations between the transformational and supervisor commitment variables all exceeded .81. In sum, there was ample rationale for considering perceived supervisor commitment as part of the transformational leadership rubric.

These changes noted, discussion will now redirect back to the hypothesis results. As can be seen in figure 4.1, the standardized path coefficient between self-reported customer service orientation (from the PSI) and supervisor ratings of customer service behaviors was positive and significant ($\gamma_{15} = .20$, $t = 2.0$, $p < .05$; note: t critical = 1.96). Thus hypothesis one was supported. Hypothesis two predicted a significant path weight between employees' positive moods and the criterion. This hypothesis was not supported as the standardized path weight between these two variables was not significant ($\gamma_{14} = .02$, $t = .19$, ns). Hypothesis three predicted a direct effect of employees' perceptions of fairness (i.e., job and pay satisfaction) on customer service behaviors. Results for this hypothesis will be investigated by examining the path weights for each fairness cognition construct, (i.e.,

job and pay satisfaction). Surprisingly, the path coefficient linking pay satisfaction and ratings of customer service behaviors was negative and significant ($\gamma_{13} = -.17$, $t = -2.0$, $p < .05$). Thus, instead of pay-satisfied workers being customer service oriented, individuals who did not perceive satisfaction with regard to their pay were rated as exhibiting more customer service behaviors than those reporting higher pay satisfaction. The path weight between job satisfaction and the criterion was not significant ($\gamma_{12} = -.05$, $t = -.50$, ns). Hypothesis three was not supported in the sense that satisfied workers were not more customer service oriented. However, a significant relationship between pay satisfaction and the criterion was found, although the relationship was in the opposite direction as was hypothesized.

Hypotheses four, five, and six predicted significant and positive correlations between the three individual difference variables. Because the fairness cognitions construct was split into the two separate constructs, an extra correlation will be reported regarding these hypotheses. A significant positive correlation was found between individuals' positive moods and their self-reported customer service orientation ($r = .36$, $p < .01$). Thus hypothesis 5 was supported. Regarding the proposed relationships between positive moods and fairness cognitions (hypothesis 4), a significant and positive correlation was found between positive moods and job satisfaction ($r = .43$, $p < .01$).

The correlation between pay satisfaction and positive moods was .04, ns. Thus hypothesis 4 was partially supported. The correlation between fairness cognitions and self-reported customer service orientation (hypothesis 6) was also partially supported as the correlation between job satisfaction and self-reported customer service orientation was significant ($r = .35$, $p < .01$). However, the correlation between pay satisfaction and self-reported customer service orientation was not significant ($r = -.05$, ns).

Hypothesis 7 proposed that supervisor commitment to customer service would moderate the relationship between TFL and supervisor ratings of customer service behaviors. As was mentioned above, multiple regression analyses failed to support the moderating relationship. Moreover, as previous discussions also indicated, evidence supported considering supervisor commitment to customer service under the rubric of transformational leadership. In this study, just as the literatures has shown transformational leadership to have at least four subscales or sub components (Bass & Avolio, 1991), this research supported looking at another sub component, supervisor commitment to customer service, at least when looking at transformational leadership in hospitals.

With the afore-mentioned changes in the leadership variables noted, hypothesis 7, which posited an effect for transformational leadership on the criterion, and hypothesis 10,

which predicted a direct effect between perceived supervisor commitment to customer service and the criterion, were combined.

Hypotheses 8, 9, (as well as 10) all related to a partial mediator relationship between supervisor commitment to customer service, climate for service, and exhibited customer service behaviors. Specifically, it was proposed that climate for customer service would partially mediate the relationship between supervisor commitment to customer service and employees' exhibited customer service behaviors. For this proposition to hold, a significant path weight would need to be found linking supervisor commitment for customer service to climate for service (hypothesis 9). Moreover, climate for service would then need to yield a significant path weight to exhibited customer service behaviors (hypothesis 8). Further, supervisor commitment to customer service would also need to produce a significant, but preferably less strong path weight to exhibited customer service behaviors (hypothesis 10).

In lieu of the combining of the leadership variable, hypotheses 8 and 9 were assessed in the following way. Specifically, regarding hypothesis 8, no changes were necessary to assess this. Regarding hypothesis 9, instead of perceived commitment to customer service predicting climate for service, the combination leadership variable was the predictor of this climate.

As Figure 4.1, shows, a significant path weight was found between the transformational leadership/supervisor commitment to customer service variable and rated customer service behaviors ($\gamma_{11} = .33$, $t = 4.2$, $p < .01$). Thus hypotheses 10, and to a degree, 7, were essentially supported in that the leadership style exhibiting transformational leadership characteristics and support for customer service was instrumental in influencing employees to exhibit customer service behaviors.

A significant path weight was also found between the transformational leadership/supervisor commitment to customer service variable and climate for service. Thus hypothesis 9 was essentially supported ($\gamma_{21} = .29$, $t = 3.4$, $p < .01$). However, the path weight linking climate for service and exhibited customer service behaviors was not significant ($\beta_{12} = .07$, $t = .92$, ns). Hypothesis 8 was not supported. In sum, while leadership style appears to play a big role in creating a climate for service, the partial mediator portion of the model did not hold as climate for customer service was not successful at predicting the desired outcome behavior of employee customer service behaviors. Instead, leader behaviors were directly effecting whether customer service behaviors were exhibited or not.

Overall, the model performed well in predicting variance in the criterion despite having only four of the seven path weights attain significance. The total variance accounted for

in the criterion of exhibited customer service behaviors(η_1) by the squared multiple correlations was 16%. This value corresponds very closely to the multiple correlation of .41 ($R^2 = .168$) obtained in a multiple regression analysis where the criterion was regressed on all major independent variables simultaneously.

This next section presents results of the fit of the data to the proposed model. Discussion will center around the relationships between each variable (i.e., indicator) to its latent construct, and several fit indices designed to show the degree of absolute and comparative parsimony between the data set and different models. The specific models run on LISREL 7 (Joreskog & Sorbom, 1984) were: (1) a most restricted model in which all 71 variables were specified as single, uncorrelated factors, (2) a model in which all latent constructs were identified but were uncorrelated, (3) the hypothesized structural model specifying paths between the exogenous and endogenous variables, and (4) a saturated model in which almost all paths were freed up, thus allowing maximum fit of the data.

Indices of fit in this analysis included ones provided by LISREL (Joreskog & Sorbom, 1984) and others provided by different researchers. Chi-square goodness of fit indices, the Goodness of Fit Index (GFI), and the Adjusted Goodness of Fit Index (AGFI) are provided by LISREL. These are indicators of absolute fit whereas all other indices compare the fit of the

different models of interest with the worst fitting model (i.e., the null null model). Several fit indices were included in this analysis to give a holistic picture of the model's fit. First, the analysis included the Normed Fit Index (NFI), proposed by Bentler and Bonnett (1980). This index compares a model of interest (i.e., measurement, structural, etc.) to a null model (i.e., the uncorrelated exogenous variables model). Hence, instead of being an absolute indicator of fit like the chi-square, the index is a relative or comparative. James, Mulaik, and Brett (1982) proposed adjusting the NFI by a parsimony ratio (P ratio) which adjusts for freed up parameters. The formula for the ratio is df_k/df_i where k refers to a null model and i refers to the model of interest. The Non-centralized Normed Fit Index (NCNFI) essentially corrects for possible biases in chi-square indices (especially ones with small samples). Bentler (1990) uses non centrality in place of the chi-square when computing the NCNFI (see Table 4.5 for all calculations). Bentler (1990), noting that the NCNFI could exceed 1.0, suggested using the Comparative Fit Index (CFI) to correct for this possibility. The Tucker-Lewis Index (TLI) is included due to findings that it is independent of sample size (Marsh, Balla, & McDonald, 1988). Also reported is the Non-Normed Fit Index (NNFI) on the TLI by Bentler and Bonnett (1980). Finally, Mulaik et al. (1989) advised using the

Table 4.5
Summary of Fit Indices for Null, Uncorrelated latent variables, Hypothesized (Structural), and Saturated Models

Model	df	χ^2	χ^2/df	GFI	NFI ^a	P _{ratio} ^b	P _{ratio} ^{*NFI}	NCNFI ^c	CFI ^d	TLI ^e	NNFI ^f	RNFI ^g
Null Model	2,485	12,007	4.83	.12								
Uncorrelated Latent Factors Model	2,414	3990	1.65	.60	.67	.97	.65	.83	.83	.83	.83	.98
Hypothesized Structural Model	2,403	3864	1.61	.60	.68	.97	.66	.85	.85	.84	.84	.99
Saturated Model	2,398	3813	1.59	.61	.68	.96	.65	.85	.85	.85	.85	.85

Note: GFI = Goodness of fit index.

^a The Normed Fit Index (NFI) was calculated by using the following equation: $(U_i - U_k)/U_i$, where i refers to the uncorrelated exogenous variables model, and k refers to the model of interest. ^b James et al.'s (1982) parsimony ratio (p) was calculated by using the following formula: df_k/df_i . ^c The Non Centralized Normed Fit Index (Bentler, 1990) was calculated by using the following formula: $[(U_i - \text{df}_i) - (U_k - \text{df}_k)]/(U_i - \text{df}_i)$. ^d The Comparative Fit Index (CFI) was calculated by the following formula: $1 - (U_k - \text{df}_k)/U_i$. ^e The Tucker-Lewis Index (TLI) was calculated using the following formula: $[U_i/\text{df}_i - U_k/\text{df}_k]/(U_i/\text{df}_i - 1)$. ^f The Non-Normed Fit Index (NNFI) was calculated by using the following formula: $[U_i - (\text{df}_i/\text{df}_k)U_k]/(U_i - \text{df}_i)$. ^g The Relative Normed Fit Index (RNFI) was calculated by using the following formula: $(U_u - U_k)/(U_u - U_s - (\text{df}_k - \text{df}_s))$ where u stands for the null model, k stands for the model of interest, and s stands for the saturated model.

Relative Normed Fit Index (RNFI) in order to compare the structural model (i.e., hypothesized model) to the best attainable model (i.e., saturated model). Regarding this index (range 0 - 1.0), 1.0 represents the best fit possible using the delineated saturated model.

The relationships between each variable and its respective latent construct were all statistically significant at the .05 level. The lowest t value was 2.52, $p < .01$. The highest t value was 19.6, $p < .001$. It should be noted that 45 of the 71 t values were greater than 10.0, $p < .001$, which indicates that, on the whole, the variables were appropriately and strongly matched to their respected latent constructs.

The results of the goodness of fit of the structural model (and other models) are presented in Table 4.5. The overall chi-square goodness-of-fit index for the most saturated model was significant ($\chi^2 = 3,813$, $df = 2,398$, $p < .001$), indicating that the model did not fit the data well. However, this is very common with data sets and a non-significant chi-square is hardly ever expected in analyses of this type. Because of this, other indices of fit are typically used by researchers to determine the fit of models. The results of these other fit indices showed that, although the structural model fit the data better than the uncorrelated variables model, the overall fit of the data to the proposed model only began to approach good fit

(e.g., structural model GFI = .60, NFI = .68 CFI = .85, TLI = .84).

As was mentioned, inspection of Table 4.5 reveals that the comparative fit indices showed moderate fit of the model. Regarding the specific comparisons of models, the increase in fit between the uncorrelated exogenous variables model and the uncorrelated latent factors model was substantial (GFI = .12 and .60 respectively). Moreover, there was a significant difference between the chi-square value of the uncorrelated latent factors model and the null, uncorrelated variables model, $\chi^2_{\text{diff}}(71, N = 201) = 8017, p < .05$), suggesting that the variables did need to be looked at in terms of latent constructs instead of separate variables.

Other chi-square difference tests between the measurement, structural, and saturated models were significant, indicating that the structural and saturated models did provide significantly better fit than the uncorrelated latent factors model. Specifically, the chi-square difference test between the uncorrelated latent variables and the structural model was $\chi^2_{\text{diff}}(11, N = 201) = 126, p < .05$). The chi-square difference obtained between the uncorrelated latent variables model and the saturated model was $\chi^2_{\text{diff}}(16, N = 201) = 177, p < .05$). Finally, the chi-square difference between the structural model and the saturated model was $\chi^2_{\text{diff}}(5, N = 201) = 51, p < .05$).

Another means of assessing fit is by dividing each model's chi-square value by the degrees of freedom for that particular model. In general, values above 4.0 indicate poor fit, values ranging from 2.0 to 3.0 show fair fit, values ranging from 1.0 to 2.0 indicate good or acceptable fit, and values below 1.0 indicate excellent fit of the data to the model (Ladd, 1994). As Table 4.5 shows, the uncorrelated manifest variables model yielded poor fit, as (χ^2/df) equation yielded a quotient of 4.83. However, all three of the other models produced chi-square quotients of less than 2.00, indicating that, at least from this perspective, the hypothesized model(s) fit the data in an acceptable manner. The specific quotients were 1.65, 1.61, and 1.59 for the uncorrelated latent factors model, hypothesized structural model, and fully saturated models respectively.

Inspection of the comparative fit indices shows that the structural model was on the lower bound of acceptable fit (i.e., the highest indices were only in the mid .80s). More desirable fit indices are values in the upper .80s and .90s (Mulaik et al., 1989).

Comparing the uncorrelated latent factors model and the structural model, most indices showed only modest incremental fit in freeing up paths in the gamma and beta matrices. Specifically, in both the NCFI and CFI indices, fit rose from .83 in the uncorrelated latent variables model to .85 in the hypothesized structural model (see Table 4.5 for more indices).

The saturated model produced fit indices of up to .85, indicating that it was not able to provide a better fit of the data than the structural model. Thus the hypothesized structural model essentially fit the data about as well as is possible given the way the variables were measured. Regarding the comparison of fit between the uncorrelated latent variables model and the saturated model, the increase from .83 (from the uncorrelated latent variables model) to .85 in the saturated model is a still very slight. Overall, even the best fitting model only produced moderate fit indices (CFI, NCFI = .85, NNFI = .85), indicating that model could use improvement in the manner it is specified.

In summary, the results showed that four of the ten hypotheses were supported, two hypotheses were partially supported, and four were not supported. Summary results are presented in Table 4.6.

Table 4.6. *Summary of hypotheses tests*

Hypothesis	Supported/Not supported
1. A person's customer service orientation as measured by the Personal Style Inventory for Health Care Providers will have a direct and positive effect on individual's exhibited customer service behaviors.	Supported
2. Positive mood state will have a direct effect on customer service behaviors.	Not supported
3. Fairness cognitions about one's job and pay will have a direct effect on customer service behaviors.	Not supported
4. a. Positive mood and job satisfaction job will be significantly and positively correlated.	Supported
b. Positive mood and pay satisfaction will be significantly and positively related.	Not supported
5. Positive mood and customer service orientation will be significantly and positively correlated.	Supported
6. a. Job satisfaction will be significantly and positively correlated with self-reported customer service orientation.	Supported
b. Pay satisfaction will be significantly and positively correlated with self-reported customer service orientation.	Not supported
7. Perceived supervisory commitment to customer service will have a moderating effect on the relationship between transformational leadership behaviors and employee's customer service behaviors.	Not supported
8. Employee perceptions of a climate for service will have a direct effect on customer service behaviors.	Not supported
9. Perceived supervisory commitment to customer service will have a direct on the climate for service.	* Supported
10. Perceived supervisory commitment to customer service will have a direct effect on customer service behaviors exhibited by employees.	* Supported

* Denotes that this hypothesis was not directly tested in the exact manner as originally proposed.

CHAPTER V.

DISCUSSION

This chapter will first discuss the results and implications of each hypothesis. Moreover, limitations to the conclusions and study will be delineated. Furthermore, future research directions and suggestions for individuals studying customer service behaviors will be presented in order to provide closure on the topic.

Discussion of Hypothesis Tests

Self-reported Customer Service Orientation. The first hypothesis predicted a significant effect from one's self-reported customer service orientation and supervisor ratings of customer service behaviors. This hypothesis was supported as the path weight between these two variables was significant. Thus it appears that there is a "customer service" orientation among nursing professionals that is identifiable from within one's self and actually manifests itself in different behavioral ways from individuals without this orientation. In other words, individuals who are seen by their supervisors as being better at exhibiting customer service behaviors also tended to report themselves as having different attitudes and behavioral tendencies than their less service-oriented coworkers, which is consistent with a personalological interpretation of customer service orientation.

The result of the study is in accord with previous research in this area conducted by Thomas and Lounsbury (1994).

Specifically, they found a multiple correlation of .31 between this personality-type variable and ratings of customer service behaviors. The standardized path weight in the current study was .20, which is much lower than the results found in the previous study, but, when compared with all other variables in the analysis, the personality variable strongly held its ground in predicting unique variance in the criterion of customer service behaviors. The research findings also coincide with a growing body of research in which has found higher correlations among personality variables and various soft criteria (e.g., Hogan, Hogan, & Busch, 1984; Hom et al., 1993; Gregory et al., 1993; Saxe & Weitz, 1982). These findings are contrasted to earlier meta-analytic results that found correlations between personality and technical criterion in the .10 range.

Implications of the present finding add strength to the idea that personality-type variables may be more suited to influencing aspects of job performance that are more volitional or under the conscious control of the employee (Thomas & Lounsbury, 1994). Indeed the ability to act service-oriented or not is under the volitional control of employees. This is in contrast to the technical aspects of many jobs, which require certain skills and abilities that many do not possess. Accepting this interpretation would make sense of the low correlations found between personality and technical job performance (see Hunter & Hunter, 1984), and the higher

correlations found between personality and softer criteria such as organizational citizenship behavior and customer service (see Gregory et al., 1993; Hom et al., 1993; Saxe & Weitz, 1982; Thomas & Lounsbury, 1994).

Regarding the actual customer service orientation found in this study, relevant information can be obtained from the scale format. However, because testing was at the scale-level and not individual item-level, specific interpretations regarding items is not posited. Items are used though as examples to describe a pattern of general behaviors and attitudes that distinguish more service-oriented employees. For example, one of the items asks respondents to choose whether they focus on getting to know patients only or whether they get to know families as well. It may be that taking time for the patient is good, but also taking time for families is more customer service oriented. Hence, while less service-oriented personnel may be polite to patients, the best avenue is to warm up to families as well. This behavior could take several manifestations such as advising them of local places to stay (if from out of town), where to eat, or how to best pass time. It could also include relevant descriptions of illnesses and prognoses. The main idea in this area is that service-oriented employees take extra time to make both patient and the family's experience as positive as possible.

One immediate implication of the study is the question of whether screening on this personality variable at time of hire is feasible. The results of this study add strength to Thomas and Lounsbury's (1994) assertion that the instrument could be used for such purposes. Validity coefficients in the mid 20s or lower 30s can provide good utility in screening out undesirable employees, particularly when selection ratios are favorable. However, it would be premature to firmly conclude that the instrument is a valid selection device. First, the present study falls into the category of a concurrent validation study in that all research participants were current hospital employees. This raises a potential problem since the employees had no motivation to fake on their answers--a problem raised quite often regarding using personality-type measures in selection contexts. However, some research exists showing no differences between predictive vs. concurrent designs (e.g., Barrett, Phillips, & Alexander, 1981), and, the format of the inventory was set up to reduce faking in that two equally-valent response choices were placed at the opposite ends of the continuum. Thus people should not have been able to discern a "better" answer and should be more apt to check the box that most naturally or accurately describes them. However, it is not certain whether the format did indeed reduce faking. Obviously, a better test to provide the answer to this question would be to give the inventory to applicants in a real selection context.

Future research should try to investigate personality measures in true selection contexts.

Another avenue to pursue is the training of individuals to be more customer service oriented. With the proper investment of time, the items on the Personal Style Inventory could serve as criteria for training sessions with existing employees. For example, employees who currently do not focus on getting to know patient families might learn the benefits of doing so. Also, all employees could be trained how to exhibit service behaviors when schedules become hectic, how to handle disgruntled patients, and how to support coworkers. In sum, the items on the personality inventory provide a wealth of information for possibly increasing employees' customer service orientations. However, research needs to be conducted in order to assess the effects of training on increasing customer service. To date, no studies exist in this area. Hence it may be that this orientation may not be amenable to training. Regardless, if hospitals were to try this avenue, criteria for training outcomes could be cultivated from the Personal Style Inventory, inter alia.

Positive Mood. The hypothesis predicting a significant path weight between individuals' positive moods and ratings of customer service behaviors was not supported, indicating that people's moods had relatively little to do with whether or not they engaged in customer service behaviors. The path weight of

.03 was a little surprising given the zero-order correlation of .17, which was significant at the .05 level. Apparently, when considered along side of the other predictor variables, people's moods played a rather insignificant role in relation to being service oriented.

The results of this study begin to uncover a picture of how positive moods may operate. Specifically, in the previous studies looking at moods and one other predictor variable, (e.g., George, 1992; Organ & Konovsky, 1989; Thomas & Lounsbury, 1994), only one found that mood was the strongest predictor. The other two, although finding a significant zero-order correlation between mood and customer service behaviors, found mood to be the weaker of the two predictors investigated in each particular study. When viewed in relation to the results of the current study, which investigated the effects of several variables, it seems that moods are not that important in bringing about customer service behaviors in employees.

However, that is not to say that employers should stifle good-natured employees or seek to subdue moods or working climates. A negative relationship between moods and service behaviors was not found. The results of the study only suggest that focusing on developing positive moods in employees for the sake of cultivating a service-oriented work force is not a wise strategy and that efforts would be better spent on other facets.

Regarding future research with positive moods, it would be advisable to consider several other variables when conducting research with this variable and customer service, as only looking at positive moods and a single other predictor may erroneously lead to inflated results.

Fairness Cognitions. As was described in chapter four, fairness cognitions was split into pay and job satisfaction. Hypothesis 3 proposed that "fairness cognitions" would be significantly linked to ratings of customer service behaviors. First, regarding the path weight between job satisfaction and the criterion, it was not significant.

While on the one hand the results go against the hypothesis, they actually coincide with a larger body of research suggesting that satisfaction has relatively little impact on job performance (Iaffanaldo & Muchinsky, 1985). The difference in this study was that the criterion was not of a technical nature where successful performance can largely depend on innate abilities or technical training, but rather seemed more amenable to being influenced by other aspects such as moods, job conditions, etc. However, job satisfaction played no role in whether people were service oriented or not.

Again, these results do not suggest that job satisfaction is not important, but only that focusing on it is not as important as focusing on other aspects. Indeed a threshold model may be in operation in that employees need to feel at

least a certain level of job satisfaction in order to engage in service behaviors, but satisfaction with one's job beyond this threshold does not yield more service behaviors.

Investigation of the path weight between pay satisfaction and ratings of customer service behaviors revealed a significant but negative relationship. This result was opposite of the hypothesized relationship. Thus it appears that people who feel dissatisfaction with their level of pay were seen as being more service oriented. Overall, hypothesis two received no support.

Interpretation of the negative relationship between pay satisfaction and the criterion could take several avenues. One possibility is that workers who are not obtaining the wanted satisfaction from their pay checks may be seeking to obtain it via alternate methods. One method may be to exhibit more customer service behaviors. In this light, being more service oriented may be an outlet or may give disgruntled employees a way of finding fulfillment in their current jobs.

Interpretation of the finding might also be understood by looking at the correlations between tenure and job satisfaction ($r = .23, p < .05$) and tenure and rated customer service behaviors ($r = -.08, ns$). Had the tenure-criterion correlation been significant, simply being in the organization over a period of time might have been the reason for not being service oriented. Moreover, with the significant correlation between pay satisfaction and tenure, the pay satisfaction variable may

have been only a surrogate measure for tenure, indicating that longer-tenured employees in the hospitals were less service oriented. However, as is, this explanation is not likely.

Another method disgruntled employees may use in filling the void produced by pay dissatisfaction may be focusing on other aspects of work such as job satisfaction. In this study, job and pay satisfaction were correlated .40, which is moderately high. However, it points out that satisfaction is multifaceted because the correlation was not in the 80s or 90s. Thus it may be that dissatisfaction in one area may be alleviated in by focusing on satisfaction in other aspects of the job such as stability, satisfaction with supervision, working conditions, etc.

Still another explanation to the negative finding is from an equity theory perspective (see Adams, 1963). It may be that employees who feel inequity regarding pay are giving less to the organization regarding their technical performance. This may manifest itself in that they take more time with patients, fraternize with coworkers, and other seemingly positive behaviors at the expense of necessary job requirements. The current study did not measure aspects of technical performance such as adequate speed of work, technical proficiency, carrying one's work load, etc. It was assumed that positive ratings on customer service was not being service-oriented to the extent of

detracting from job performance. However, this is a possibility.

Future research might investigate more outcomes of pay dissatisfaction, especially as it relates to one's intent to turnover. A relevant research question would be whether the dissatisfaction is being eased by engaging in other activities such as service behaviors or by finding satisfaction with other aspects of one's job, or if these people are looking for other jobs and the exhibited customer service behaviors are only a short-term solution to the problem. Regardless, answers as to why disgruntled employees are more service oriented need to be answered.

Future research should also investigate the different facets of satisfaction such as satisfaction with working conditions, coworkers, task significance, and other aspects. Research may find that decomposing the concept of satisfaction into its specific components will help uncover more predictors of customer service behaviors. Over the past decade, several researchers (e.g., Smith, Organ, & Near, 1983; Organ & Konovsky, 1989, etc.) have found robust correlations between job satisfaction constructs and a similar concept to customer service behaviors: organizational citizenship. Thus it may be that the specific component of job satisfaction that relates to customer service behaviors simply has not been identified. The

present study only scratches the surface of the possibilities in this area.

The present study (and others in the area of personality) has also barely touched on what types of personalities are important for being customer service oriented. Research avenues along the personality lines are very fertile ground for uncovering additional correlates of customer service behaviors. The existing literature, although filled with several tailored personality scales' results, has very few studies investigating traditional personality traits in relation to customer service orientations (e.g., Fogli & Whitney, 1991; Paajanen, 1991).

Hypotheses four, five, and six predicted significant correlations between the exogenous variables of the personality variable, positive moods, and fairness cognitions (now broken down into job and pay satisfaction). Although these hypotheses were secondary with respect to the hypotheses involving the path weights in the gamma and beta matrices, their results still provide meaning.

Hypothesis four was supported as a significant correlation was found between the fairness cognition constructs and positive moods. Job satisfaction was correlated with positive mood, indicating that people in positive moods were also very job satisfied, and vice versa for people who were dissatisfied. However, since neither of these two variables produced a significant path weight with the criterion, this correlation was

not able to bolster prediction by contributing via indirect effects. Hypothesis five was supported in that the correlation between positive mood and self-reported customer service orientation was significant. However, the absolute magnitude of this correlation was fairly modest. Interpreting this result, it appears that the more service-oriented employees are also inclined to experience positive moods, but the tendency is not very strong. Moreover, although experiencing positive moods may be part of the customer service oriented employee's personality, it has little to do with actual customer service behaviors. Nevertheless, it makes sense that the customer service-oriented employee would also be in a good mood.

Hypothesis six was partially supported in that the correlation between job satisfaction and self-reported customer service orientation was significant. Thus the customer service personality appears to provide hospitals with employees who are more satisfied with their jobs. This result makes sense in that people who are oriented toward pleasing customers, possess favorable attitudes toward patients, and who experience positive moods will likely be happier, more pleasant employees. Nevertheless, just as the positive mood correlate of the customer service orientation did not predict service behaviors, neither does the job satisfaction correlate have a significant role in exhibiting customer service behaviors. Thus the self-reported customer service orientation appears to be tapping some

very specific attitudes and behavioral tendencies that go beyond general personality differences (such as moods) and cognitions (i.e., job satisfaction). Even in the Fausz (1994) study, conscientiousness and agreeableness did not significantly predict customer service behaviors when simultaneously entered into the regression equation with climate for service and perceived supervisory commitment to service. Hence it may be that tailored personality scales may be a necessary component for "personality" to predict customer service behaviors. Future research should investigate the predictive power of tailored instruments versus general personality traits.

The correlation between pay satisfaction and self-reported customer service orientation was non significant. This result makes sense in that satisfaction with one's pay can largely be due to systems factors, totally unrelated to one's personality characteristics. While on the one hand people with certain personality characteristics may be more inclined to be more satisfied with their pay (i.e., such as persons valuing quality of life over money), overriding system factors such as market-lagging pay will likely cause dissatisfaction across people, regardless of personality traits. In the current study, exact pay structures and market values were not investigated, thus the above-mentioned interpretation could not be confirmed or disconfirmed. Nevertheless, it appears that people's perceptions of pay fairness operate independently of their self-

reported customer service orientations. However, both variables predicted unique variance in the criterion of customer service orientations.

Transformational leadership and perceived supervisor commitment to customer service. Hypothesis seven was not supported in that perceived supervisor commitment to customer service did not moderate the relationship between transformational leadership and customer service behaviors. Instead it was found that the two constructs were intercorrelated to the extent of being under the same conceptual umbrella. This result has several implications and may be interpreted in different ways.

At first, these results might seem troubling, especially with initial hypotheses proposing a moderating relationship. However, closer examination reveals that the results may be plausible. First, the reader must remember that survey items are researchers' operationalizations of more complex phenomenon. Leadership is arguably one of the most complex phenomenon studied by organizational researchers, encompassing an extremely wide array of styles, attitudes, behaviors, and dispositions. Thus attempts to operationalize leadership in the form of survey items will always fall short of the author's ideas, no matter how carefully constructed and thought out.

With these thoughts in mind, attention is turned to Bass (1985) and colleagues' conceptualization of the transformational

leader. With roots in House's (1977) charismatic leader concepts and Burns' (1978) ideas, Bass (1985) articulated a description of a particular type of leader that has been coined as "transformational leader." However, needing an operationalization of the construct in order to conduct research, efforts were made to narrow down the concept into item or survey form. At first, Bass and colleagues (e.g., Bass, 1985; Howell & Frost, 1989) described three separate but related aspects of the transformational leader: charisma, intellectual stimulation, and individualized consideration. Later, based on research and further investigations of the leadership concept, Bass and Avolio (1991) added another dimension to the survey items: inspirational leadership. That another scale and more items have been added to the original ideas point to the likelihood that even the most current survey items may fall short of fully capturing the gestalt of the transformational leader (TFL). Future research by the founders of TFL will likely produce further changes in item content and probably TFL subscales as well. Thus the possibility exists that other aspects of TFL leadership exist.

The question in this study is whether Zemke and Schaaf's (1989) items conceptually overlap to the extent to be considered as an additional descriptor of a transformational leader, and vice versa for Bass' descriptions in relation to a TFL being customer service focused. Moreover, the context of the present

study must be examined to determine the possible generalizations of the results.

Strong statistical evidence already exists and suggests that the two concepts overlap to the point of being considered under one conceptual umbrella. However, just as charisma, intellectual stimulation, individual consideration, and inspirational leadership are related but separate components of TFL, discussion including supervisor commitment to customer service will simply look at adding this component to the existing four aspects of TFL, not dissolving supervisor commitment to customer service into TFL.

Answers to some of the conceptual questions lie in the investigation of each scale's items. Inspection of these reveals a high degree of conceptual similarity between the supervisor commitment to customer service items and the TFL subscale 'intellectual stimulation' (see Appendix C). Specifically, many supervisor commitment items, although specifically focused on "customers," essentially tap into whether or not supervisors support new ideas for improving functioning (e.g., "My supervisor encourages care givers to come up with new ideas to improve patient care," and "My supervisor supports care givers when they come up with ideas to improve patient care"). The intellectual stimulation items also follow this line of thought (e.g., "My supervisor encourages us to

rethink ideas that had never been questioned before," and "My supervisor emphasizes the value of questioning assumptions"). The common theme in these items seems to be a valuing of new ways to improve functioning. Thus, from a conceptual standpoint, these items do overlap considerably and it would make sense that, at least in these two hospitals, being a TFL also meant being customer service-oriented.

With regard to the interpretation of considering the supervisor commitment to customer service as a component of TFL, caution should be employed. However, it is logical to assume that Burns (1978), Bass (1985, 1991) and others are describing the TFL as someone who has the organization's best interests in mind. One of the main ideas behind the concept of a transformational leader is that they are dispositioned to help the organization excel (Bass, 1985). Also characteristic of the transformational leader is an ability to realistically assess the business environment in order to guide the organization into profit and viability (Conger & Kanungo, 1987). In this light, it is plausible to see how a TFL's vision, charisma, market assessment, individual development, influence, and other components could all focus on pleasing customers since the future viability of hospitals is likely to rely heavily on the quality of customer care it gives its patients. Thus it makes sense to consider that a transformational leader should be customer service oriented.

Continuing the thoughts of how customer service could be a component of TFL, other TFL items also lend themselves to describing a leader who is also customer service-oriented. For example, many of the items talk of how TFLs help individuals and the organization accomplish goals. It may be that the TFL is a customer service-oriented individual and that s/he uses charisma, intellectual stimulation, inspiration, and individual consideration in getting individuals to perform their best and hence be more service-oriented individuals.

However, although many TFL and supervisor commitment to customer service items do intertwine, other items do not seem to conceptually overlap that much (e.g., charisma items and supervisor commitment) but were still correlated extremely high. One possible explanation for these items being correlated is that both sets of items (TFL and supervisor commitment) describe 'positive' aspects of leadership. That is, items asking whether a supervisor coaches, inspires, intellectually stimulates, is charismatic, and is customer focused all essentially describe positive leader attributes. Thus the survey respondents may not have carefully distinguished between item subtleties, but rather may have been operating on global schemas of 'good leader' and 'weak leader' when answering items. This too could account for the high correlation among the scales. Another explanation for the high intercorrelations is common method variance. That is, all concepts were measured from the employee perspective in a

survey format. Thus the resulting high correlations could be due to this single source respondent format. As is, the interpretations regarding considering customer service as a component of TFL is tentative and needs more support from future data and theory on TFL.

With regard to the predictive ability of the TFL/supervisor commitment to customer service variable, the path weight to the criterion was significant. Supervisors seen as exhibiting transformational leadership characteristics and emphasizing customer service were instrumental in bringing about workers to exhibit customer service behaviors. One question to be answered is how this finding can be interpreted in light of the rationale presented in chapter two supporting the moderating effect. Specifically, it was conceptualized how a transformational leader can be very charismatic, influential, and very compelling, yet can be these things without being customer focused. Analogies were made to leaders such as Hitler who was very transformational and charismatic, but was also influencing people in negative ways. However, in light of the above-mentioned interpretations of the data, it may be that one needs to look to the larger meaning of transformational leadership, their positive intentions for the organization, its mission, and goals. In other words, if the hospital needs to focus on being service oriented, and the leaders want the organization to succeed, then transformational leadership items

such as "My supervisor assures us that we will reach our goals" can essentially be interpreted as "My supervisor assures us that we will reach our goal of being a customer-focused hospital."

The results of this find have several implications. First, the findings add to a growing body of literature (see Bass & Avolio, 1991, etc.) supporting the positive effects of leaders being transformational. Specifically, literature already exists showing how transformational leaders positively effect such criteria as job satisfaction (Seltzer & Bass, 1990), perceived leader effectiveness (Hater & Bass, 1988), and to some extent, individual and group performance (Keller, 1992). That transformational leadership effects extend to customer service behaviors provides strong support for the generalization of this type of leadership's effectiveness in organizations.

Other implications exist regarding this find. First, out of all other variables in the study, the TFL/supervisor commitment to customer service variable produced the largest correlation on the criterion. Thus, although personalities, perceptions of pay satisfaction, and climates are important, none was quite as important as the effects of the supervisors and their dispositions. This finding underscores the continued importance of needing good leadership in organizations, especially as their behaviors have strong influence on employee behaviors and organizational outcomes. Even more important are their actions in the current economic environment of continued

global competition. Specifically, the leaders' responsibilities are utmost in that employees, despite their own attitudinal and behavioral tendencies, moods, and perceptions of satisfaction, are still factoring in leadership desires and behaviors when deciding whether to act in service-oriented manners or not. In essence, the finding demonstrates that even though certain individuals may not have personalities or other traits conducive for service, leader influence can still be strong enough to bring about the desired behavior. Thus leadership can fill in gaps where individuals would themselves be short. Further, while it may be important for selecting and training people to fit customer service molds, equally important will be cultivating and selecting leaders who value pleasing the customer.

Still other implications exist regarding significance of the leadership find. Specifically, the results provide further support for Zemke and Schaaf (1989) and Fausz' (1994) studies that showed how important it is for leaders to overtly let employees know that they support customer service. Although the magnitude of the effect in this study was substantially less than in the Fausz study, results still showed the powerful effect of leadership.

That subordinates paid attention to their leader's emphasis on service and followed her example underscores the possible simplicity of bringing about desired effects. Often it

is assumed that complex, elaborate plans need be laid in order to bring ideas to fruition. However, in this study, leaders, simply by making known their orientations toward customer service, were able to influence subordinates to also behave in service-oriented manners.

TFL/perceived supervisor commitment to customer service influence on climate for service. Hypothesis nine was essentially supported in that the path between the TFL/supervisor commitment to customer service variable and climate for service was significant. However, it must be reiterated that this hypothesis was not tested in exactly the manner proposed apriori. Nevertheless, leader support for certain goals was very instrumental in creating a climate for customer service in hospitals. This find is consistent with the above-mentioned discussion centered on describing the powerful effects of leaders on employees and events in organizations. This finding also coincides with several earlier studies (e.g., Lewin, Lippit, & White, 1939) who demonstrated the effects of various leader styles on social climates.

In creating a climate for service, leaders convey a strong message for what is correct behavior in the organization. Moreover, employees, in the presence of such climates, need not look to formal documents or statements when deciding on appropriate behavior, but can rather look to the climate when seeking out what to do. In this study, appropriate behavior

(i.e., the climate) consisted of providing good customer service to individuals and families visiting the hospital. Although this study did not find a relation between climate for service and customer service behaviors (hypothesis 8), climates have been found to have significant effects on several other relevant organizational behaviors (e.g., Schneider et al., 1980; Schneider et al., 1984).

That climate for service did not produce a significant effect on customer service is somewhat troubling given the robust relationship found in the Fausz (1994) study. Moreover, also troubling is that many people in the organization were essentially going against the norm for what was seen as appropriate organizational behaviors (i.e., were ignoring the climate).

One explanation for this result could be due to differences in what drives behaviors in different hospitals. Climate could be weak in its influencing capabilities over employees at some hospitals while strong at another. Moreover, people in one hospital could rely on their personalities while employees in another hospital might rely on the leadership or other factors when deciding how to act. Further, it might be that leader influence could be strong on some organizational aspects but may be weak in creating climates. In this vein, the climate for service could be created by the employees themselves or other factors and could be independent of leader influence.

In this study, it appears that leadership and personalities were the driving forces in predicting service behavior, while climate took a lesser role.

However, still puzzling is that, on one hand, leaders were able to influence individual behaviors **and** the climate, but the leader-created climate had little effect on the desired outcome. The insignificant climate results would make more sense if leaders were not influencing the climate. If that were the case, climate would be more independent of leadership and either a significant or non-significant relationship between climate and the customer service behaviors would make sense. As is, employees were allowing themselves to be influenced by their leaders and the leaders were creating a climate for service (hypotheses 7 and 10). Nevertheless, whatever climate that was produced may not have been strong enough to influence individuals to be service oriented.

One explanation to the above-mentioned results is that the same people whose behavior (i.e., customer service behaviors) was influenced by leaders were also influenced by the climate. However, many other employees, who also realized that there was a leader-created climate for service, chose to ignore the climate and act in non-service oriented manners. With this interpretation, leaders who directly influenced individual behaviors may have also influenced these same people to exhibit service behaviors through the climate created. However, since

many other people chose to ignore the climate's influence, the correlation between climate for service and customer service behaviors was attenuated. Nevertheless, leader influence would have been consistent in that the same individuals who allowed their leaders to influence them were also influenced by the leader-created climate.

Study Limitations and Future Research

As with all research, several limitations exist. First, some differences on scale responses existed between the two hospitals. Although six of the eleven scales showed no significant differences, an overall significant T^2 was found as well as five scales did show differences. Such findings cast some doubt as to whether the two data sets should be considered as one. Relatedly, at hospital number one, only hospital employees who showed up for the specified meeting participated in the study. Because of this, the representativeness of this population could fall under question. At hospital number two, most all personnel who received a survey completed it.

Another limitation was that the average rating on the criterion was fairly high (average = 5.3, possible range was 1 - 7). It is not known whether these hospitals simply already had many personnel who were service oriented, or if the supervisor ratings were simply inflated. Moreover, informal inspection of the data revealed that while some supervisors distinguished

between the different items when rating, others made rating errors such as "halo" and "central tendency."

Another issue is the source of the criterion. Supervisor ratings can be suspect in many instances due to limited opportunities to observe subordinates on the job, rater biases, and other factors. Also, as was stated earlier, the criterion itself did not include aspects of work such as maintaining technical competence while being service oriented. As is, the criterion needs to be better defined and more complete. However, these shortcomings notwithstanding, results were still significant with some of the hypotheses, with 16% of the variance in the criterion explained.

Future research should examine not only supervisor ratings, but also patient and coworker opinions of customer service. Fausz (1994) makes a good point in noting that, although customer opinions of service quality are important, they can include favorable perceptions of employee behaviors that are not necessarily beneficial to the hospital. Supervisor ratings are also incomplete in and of themselves for reasons mentioned above and also because supervisors are not always around to see employee-patient interactions. Coworker ratings are important in that part of customer service is interacting with internal customers, which often includes coworkers. Moreover, peers are also more likely to see their cohorts interact with patients. In sum, the recommendation is to obtain

multi-sources on the criterion in the same study. The present study inquired about obtaining patient ratings from hospital number two, but the supervisors thought that customers would have a difficult time tying perceptions to any single individual.

Still another limitation is the unexpected convergence of the transformational leadership scales with the supervisor commitment to customer service scale. All interpretations regarding this find are **extremely** tentative and will need to be backed up by future research. In this regard, a useful avenue of research would be to examine this finding more closely to see if this study was unique with its find. It may be that respondents simply haloed their responses about their leaders.

The non-longitudinal nature of the study is yet another limitation and precludes causation to be inferred in this study. Both predictor and criterion data were gathered within a period of two to three weeks. Moreover, reciprocal causation with some variables may be present. For example, climates for service may be reinforcing to the supervisor who created it, which causes the supervisor to continue her or his focus on customer service, which in turn strengthens the climate.

With regard to the statistical analyses, the overall fit of the data to the proposed model was only moderate. The best fitting model (i.e., the saturated paths model and measurement model) obtained a CFI of .85. Interpretations of these results

indicate that the measured constructs were not operating in the manner proposed by both previous research and intuitive reasoning. However, given the current measurement scheme, the hypothesized model fit the data about as well as is possible.

From a theoretical view, one of the purposes of the current study was to confirm previous research on climate for service and supervisor commitment to service, and to provide an initial integration of factors relating to customer service. However, results in two areas raised some questions in that vastly different findings occurred (on climate for service) in this study compared to the Fausz (1994) study. Moreover, supervisor commitment to customer service was found to operate under the rubric of transformational leadership, at least in the minds of the current survey respondents. Regarding personality, results provided further support for personality's ability to predict in this arena. Results also strengthened the generalizability of transformational leadership's influence into yet another arena: customer service behaviors.

Overall, the study presents very useful results showing the importance of different factors in relation to obtaining customer service-oriented work forces. When viewing organizations from a systems approach, bringing about the desired behaviors and outcomes suggests working at all levels of the organization. At the most basic level, the individual level, organizations should pay attention to personalities,

perceptions, cognitions, and other aspects of individual workers. Stepping up a level, the context in which workers perform their activities is also important. In this study, the climate in which employees work was investigated. And, although this study did not show a relationship between the climate and outcomes, climates should not be discounted. At a broader level, leadership in organizations should receive significant attention as study after study has shown how leadership affects almost every aspect of organizational functioning (Bass, 1985; Lewin, Lippit, & White, 1939; Sathe, 1983), including many psychological states of individuals (Hater & Bass, 1988; Keller, 1992; Seltzer & Bass, 1990; Waldman, Bass, & Yammarino, 1990). As this study showed, leaders do influence individuals, the contexts of work, and can fill in voids where other aspects of the organization would leave the company short. Thus organizations should seek to synchronize their attempts to improve customer service because each aspect is imbedded within a larger, interdependent system.

A methodological issue was the type of analysis conducted. Several factors were examined in relation to customer service orientations. Moreover, different type of relationships (i.e., mediator, direct effects) were examined in order to uncover a more complete nature of the causes of customer services. Future research should continue along these lines, seeking to uncover underlying relationships among several study variables, not just

one or two. This would ensure a more integrated approach to customer service, rather than the current fragmented one. Initial research could start by pitting the various personality measures against each other to see which one predicts the strongest. Moreover, other leadership and contextual variables might be tested against the ones used in this study to see which are best for bringing about desired behaviors. For example, TFL behaviors are often tested against transactional leadership behaviors when investigating leader styles in relation to criterion (see Howell & Frost, 1990). Competing these two against the criterion of customer service behaviors would be a logical next step in investigating transformational leadership. Fragmentation also exists with regard to the criteria investigated, although this is less an issue because of the differing requirements of each job. Nevertheless, some aspects of customer service are bound to cut across jobs and need to be identified.

From a practical standpoint, results of the study can be used to help organizations become more service oriented. Globally, organizations should strive to provide a consistent, integrated approach to their efforts of customer service. Often this approach is two-pronged, one being the actual product or service provided, and the other involving the interactions with the people in the organization. Regarding the actual service or product, this needs to be of the utmost quality and usefulness

to the consumer. In hospitals, this translates into staffing highly qualified doctors and nurses who can deliver superior medical services. Moreover, it also includes possession of the latest equipment and facilities. All of these aspects effect whether patients get well or not.

The second approach is the quality of interactions patients experience while at the hospital. From this standpoint, the results of the study have several implications for improving the delivery of customer service to the patients. First, from a selection standpoint, organizations need to ensure they recruit and select the right people for the job. As this study shows, certain personalities are very important for nurses to possess in order to be service oriented. With more research supporting the strength of personality as a predictor, selection systems can be set up that include personality as a screening device. Continuing along these lines, Fausz (1994) notes the importance of realistic job previews, organizational socialization, and training on customer service in order to ensure that employees learn both the value and techniques of customer service. Organizations should seek to recruit, select, reward, and promote people into leadership positions who possess transformational leadership characteristics and ones who overtly stress customer service. Regardless of where the applicant pools come from, leaders of this type will heavily influence others in positive ways.

A growing body of research has already established TFLs as positively affecting satisfaction, climates, performance, and now, even customer service behaviors. Thus the transformational leader, as defined by Bass and colleagues in fairly concrete behavioral terms, may be the type leader that organizations and researchers have been trying to identify for years. In several studies, leaders defined in TFL terms have consistently outperformed leaders defined in LBDQ and transactional terms when competing for variance in relevant criteria (see Seltzer & Bass, 1990, etc.). Results such as this provide strong rationale for seeking out TFLs or training existing ones on TFL tenets.

The influence of leadership can hardly be understated as this study also shows the powerful effect of a supervisor's emphasis on customer service and TFL characteristics in creating a climate for service. Moreover, although this study did not show strong results for the effects of a climate for service on exhibited customer service behaviors, other studies (e.g., Fausz, 1994) have shown very strong effects of climate on positive outcomes.

Overall, organizations need to provide a comprehensive, integrated approach to their delivery of service. In human resources terms, practices begin with selection and promotion, and continue all the way to actions of C.E.O.s who drive

climates and cultures, and who also establish values of the company.

In closing, the present study has attempted to show initial integration and importance of looking at customer service in holistic manner. The total variance accounted for in rated customer service behaviors was 16%, with a full 10% coming from leadership factors. Personality also predicted unique variance in the criterion. Non-predicted results were found in that climate for customer service had no effect on the criterion, despite employee perceptions that leaders played a big part in its creation. Results opposite of the hypotheses occurred in that dissatisfied employees (regarding pay) were more customer service-oriented than their counter parts who were satisfied with their pay. Nevertheless, the findings provide notable information leading to further understanding and integration of the nomological network surrounding customer service orientations.

REFERENCES

REFERENCES

- Adams, J.S. (1963). Toward an understanding of inequity. Journal of Abnormal and Social Psychology, 67, 422-436.
- Aderman, D. (1972). Elation, depression, and helping behavior. Journal of Personality and Social Psychology, 24, 91-101.
- Ades, G. (1990). Marketing News, May 18, p.8.
- Albrect, K., & Zemke, R. (1985). Service America! Doing business in the new economy. Homewood, IL: Dow Jones-Irwin.
- Argyris, C. (1958). Some problems in conceptualizing organizational climate: A case study of a bank. Administrative Science Quarterly, 2, 501-520.
- Avolio, B.J., & Bass, B. (1988). Transformational leadership, charisma, and beyond. In J.G. Hunt, B.R. Baliga, H.P., Dachler, & C.A. Schriesheim (Eds.) Emerging leadership vistas (pp. 29-49). Lexington, MA: Lexington Books.
- Baron, R.A., & Byrne, D. (1981). Social psychology: Understanding human interaction. Boston: Allyn & Bacon.
- Barrett, G.V., Phillips, J.S., & Alexander, R.A. (1981). Concurrent and predictive validity designs: A critical reanalysis. Journal of Applied Psychology, 66, 1-6.
- Barrick, M.R., & Mount, M.K. (1991). The Big Five personality dimensions and job performance: A meta-analysis. Personnel Psychology, 44, 1-26.
- Barrick, M.R., & Mount, M.K. (1993). Autonomy as a moderator of the relationship between the Big Five Personality dimensions and job performance. Journal of Applied Psychology, 78, 111-118.
- Bass, B.M. (1985) Leadership and performance beyond expectations. New York: Free Press.
- Bass, B. (1991). From transactional to transformational leadership: Learning to share the vision. Organizational Dynamics, 19-31.
- Bass, B., & Avolio, B. (1991). MLQ 5R, Consulting Psychologist Press.

- Bass, B., Avolio, B., & Goodheim, L. (1987). Biography and the assessment of transformational leadership at the world class level. Journal of Management, 13, 7-19.
- Bateman, T.S., & Organ, D.W. (1983). Job satisfaction and the good soldier: The relationship between affect and employee "citizenship." Academy of Management Journal, 26, 587-595.
- Bentler, P., & Bonnett, D.G. (1980). Some contributions to efficient statistics in structural models: Specification and estimation of moment structures. Psychometrika, 48, 493-517.
- Berkowitz, L. (1980). A survey of social psychology. New York: Host, Rinehart, & Winston.
- Blake, R.R., & Mouton, J.S. (1970). The grid for sales excellence. New York: McGraw-Hill.
- Brief, A.P., Burke, M.J., George, J.M., Robinson, B., & Webster, J. (1988). Should negative affectivity remain an unanswered variable in the study of job stress? Journal of Applied Psychology, 73, 193-198.
- Brief, A.P., & Roberson, L. (1989). Job attitude organization: An exploratory study. Journal of Applied Social Psychology, 19, 717-727.
- Burns, J.M. (1978). Leadership. New York: Harper.
- Cohen, J., & Cohen, P. (1983). Applied multiple regression/correlation analysis for the behavioral sciences. Hillsdale, NJ: Erlbaum.
- Conger, J.A., & Kanungo, R.N. (1987). Toward a behavior theory of charismatic leadership in organizational settings. Academy of Management Review, 12, 637-647.
- Cronbach, L.J. (1951). Coefficient alpha and the internal structure of tests. Psychometrika, 16, 297-334.
- Cunningham, M.R., Steinberg, J., & Grev, R. (1980). Wanting to and having to help: Separate motivations for positive mood and guilt-induced helping. Journal of Personality and Social Psychology, 38, 181-192.
- Day, D.V., & Silverman, S.B. (1989). Personality and performance: Evidence of incremental validity. Personnel Psychology, 42, 25-36.

- Duncan, W.L. (1989). The calm before the storm. Production and Inventory Management Review with APICS News, 9, S4-S5.
- Dunlap, B.J., Dotson, M.J., & Chambers, T.M. (1988). Perceptions of real-estate brokers and buyers: A sales orientation, customer-orientation approach. Journal of Business Research, 17, 175-187.
- Fausz, A.T. (1994). Factors related to supervisory ratings of employee's customer service orientations. Unpublished doctoral dissertation.
- Fleishman, E.A. (1953). Leadership climate, human relations training, and supervisory behavior. Personnel Psychology, 6, 205-222.
- Fogli, L., & Whitney, K. (1991, August). Service First: A test to select service oriented personnel. A symposium presented at the annual meeting of the American Psychological Association, San Francisco.
- Forehand, G.A., & Gilmore, B.V.H. (1964). Environmental variation in studies of organizational behavior. Psychological Bulletin, 62, 228-240.
- George, J. M. (1989). Mood and absence. Journal of Applied Psychology, 74, 317-324.
- George, J. M. (1991). State or trait: Effects of positive mood on prosocial behaviors at work. Journal of Applied Psychology, 76, 299-307.
- Ghiselli, E.E. (1973). The validity of aptitude tests in personnel selection. Personnel Psychology, 26, 461-477.
- Ghiselli, E.E., & Barthol, R.P. (1953). The validity of personality inventories in the selection of employees. Journal of Applied Psychology, 37, 18-20.
- Glick, W.H. (1985). Conceptualizing and measuring organizational and psychological climate: Pitfalls in multilevel research. Academy of Management Review, 10, 601-616.
- Gough, H.G. (1975). Manual for the California Psychological Inventory. Palo Alto, CA: Consulting Psychologists Press.

- Gregory, K., Kam, S.M., Gregory, K., & Kwan, J. (1993). Service orientation: A job specific construct or a personality construct. Paper presented at the annual meeting of the Society for Industrial and Organizational Psychology, San Francisco.
- Griffin, A., & Hauser, J.R., (1993). The voice of the customer. Marketing Science, 12: 1, 1-26.
- Hater, J.J., & Bass, B.M. (1988). Superiors evaluations and subordinates' perceptions of transformational and transactional leadership. Journal of Applied Psychology, 73, 695-702.
- Hellreigel, D., & Slocum, J.W. (1974). Organizational climate: Measures, research, and contingencies. Academy of Management Journal, 17, 255-280.
- Hogan, J. (1983). A socioanalytic theory of personality. In M. Page (Ed.) Nebraska Symposium on Personality. Lincoln, Nebraska, University of Nebraska Press.
- Hogan, J., & Hogan, R. (1986). Hogan personnel selection series manual. Minneapolis, MN: National Computer Systems.
- Hogan, J., Hogan, R., & Busch, C.M. (1984). How to measure service orientation. Journal of Applied Psychology, 69, 167-173.
- Hom, A., Kwan, S.M., & Gregory, K. (1993). Measuring universal service orientation: creating scales with racial equivalence. Paper presented at the annual meeting of the Society for Industrial and Organizational Psychology, San Francisco.
- Hough, L.M., Eaton, N.K., Dunnette, M.D., Kamp, J.K., & McCloy, R.A. (1990). Criterion-related validities of personality constructs and the effect of response distortion on those validities. Journal of Applied Psychology, 75, 581-595.
- House, R.J. (1977). A 1976 theory of charismatic leadership. In J.G. Hunt & L.L. Larson (Eds.) Leadership: The cutting edge (pp. 189-207). Carbondale, IL: Southern Illinois University Press.
- House, R.J. (1985, May). Research contrasting the behavior and the effect of reputed charismatic versus reputed non-charismatic leaders. Paper presented at the Annual Meeting of the Administrative Science Association of Canada, Montreal.

- Howe, J.G. (1977). Group climate: An exploratory analysis of construct validity. Organizational Behavior and Human Performance, 7, 467-505.
- Howell, J.M., & Frost, P.J. (1989). A laboratory study of charismatic leadership. Organizational Behavior and Human Decision Processes, 43, 243-269.
- Hunter, J.E., & Hunter, R.F. (1984). Validity and utility of alternative predictors of job performance. Psychological Bulletin, 96, 72-98.
- Iaffanaldo, M.T., & Muchinsky, P.M. (1985). Job satisfaction and job performance: A meta-analysis. Psychological Bulletin, 97, 251-273.
- Isen, A.M., Clark, M., & Schwartz, M.F. (1976). Duration of the effect of good mood on helping: "Footprints on the sands of time." Journal of Personality and Social Psychology, 34, 385-393.
- Isen, A.M., & Levin, A.F. (1972). Effects of feeling good on helping: Cookies and kindness. Journal of Personality and Social Psychology, 21, 384-388.
- James, L.R. (1982). Aggregation bias in estimates of perceptual agreement. Journal of Applied Psychology, 67, 219-229.
- James, L.R., Demaree, R.G., Mulaik, S.A., & Mumford, M.D. (1988). Validity generalization: Rejoinder to Schmidt, Hunter, & Raju (1988). Journal of Applied Psychology, 73, 673-678.
- James, L.R., & Jones, A.P. (1974). Organizational climate: A review of theory and research. Psychological Bulletin, 81, 1096-1112.
- James, L.R., Mulaik, S., & Brett, J. (1982). Causal analysis: Models, assumptions and data. Beverly Hills, CA: Sage.
- Johannesson, R.E. (1973). Some problems in the measurement of organizational climate. Organizational Behavior and Human Performance, 10, 118-144.
- Joreskog, K.G., & Sorbom, D.G. (1984). LISREL VI. Mooresville, IN: Scientific Software, Inc.
- Keller, R.T. (1992). Transformational leadership and the performance of research and development project groups. Journal of Management, 18, 3 489-501.

- Kelley, S.W. (1992). Developing customer service orientation among service employees. Journal of the Academy of Marketing Science, 20, 27-36.
- Kerr, S., & Jermier, J.M. (1978). Substitutes for leadership: Their meaning and measurement. Organizational Behavior and Human Performance, 22, 375-403.
- Ketchum, L., & Trist, E. (1990). All teams are not created equal: How employee involvement really works. Newbury Park, CA: Sage.
- Kozlowski, S.W., & Doherty, M.L. (1989). Integration of climate and leadership: Examination of a neglected issue. Journal of Applied Psychology, 74, 546-553.
- Kwan, J., Hom, A., Gregory, K. (1993). Service orientation in health care settings: Underlying attitudes and behaviors. Paper presented at the annual meeting of the Society for Industrial and Organizational Psychology, San Francisco.
- Ladd, R.T. (1994). Personal communication.
- Leavitt, H.J. (1964). Applied organizational change in industry: Structural, technological, and humanistic approaches. In J.G. Marsh (Ed.) Handbook of Organizations (pp. 1122-1170). Chicago, IL: Rand McNally.
- Lewin, K., Lippitt, R., & White, R.K. (1939). Patterns of aggressive behavior in experimentally created "social climates." Journal of Social Psychology, 10, 271-299.
- Manly, B.F.J. (1986). Multivariate Statistical Methods: A Primer. New York: Chapman & Hall.
- Marsh, H.W., Balla, J.R., & McDonald, R.P. (1988). Goodness of fit indices in confirmatory factor analysis: The effect of sample size. Psychological Bulletin, 103, 391-410.
- McDaniel, M.A., & Frei, R.L. (1994). Validity of customer service measures in personnel selection: A meta-analysis. Paper presented at the Ninth annual conference of the Society for Industrial and Organizational Psychology, Inc. Nashville.
- McGregor, D.M. (1960). The human side of enterprise. New York: McGraw-Hill.
- McNamara, C.P. (1972). The present status of the marketing concept. Journal of Marketing, 36, 50-57.

- Millar, M.G., & Tesser, A. (1986). Effects of affective and cognitive focus on the attitude-behavior relation. Journal of Personality and Social Psychology, 41, 270-276.
- Minter, S.G. (1991). Creating the safety culture. Occupational Hazards, 53, 17-21.
- Motowidlo, S.J. (1984). Does job satisfaction lead to consideration and personal sensitivity? Academy of Management Journal, 27, 910-915.
- Mulaik, S.A., James, L.R., Van Alstine, J., Bennett, N., Lind, S., Stilwel, C.D. (1989). Evaluation of goodness-of-fit indices for structural equations models. Psychological Bulletin, 3, 430-455.
- Organ, D.W. (1988). Organizational citizenship behavior: The good soldier syndrome. Lexington, MA: Lexington Books.
- Organ, D.W., & Konovsky, M. (1989). Cognitive versus affective determinants of organizational citizenship behavior. Journal of Applied Psychology, 74, 157-164.
- Paaajanen G. (1991, August). Development and validation of the PDI Customer Service Inventory. A symposium presented at the annual meeting of the American Psychological Association, San Francisco, CA.
- Parasuraman, A., Berry, L.L., & Zeithaml, V.A. (1991). Understanding customer expectation of service. Sloan Review, 95, 39-48.
- Parkington, J.J., & Schneider, B. (1979). Some correlates of experienced job stress: A boundary role study. Academy of Management Journal, 22, 270-281.
- Peters, T.J. (1987). Thriving on chaos: A handbook for a management revolution. New York: Harper & Row.
- Peters, T.J., & Waterman, R.H. (1982). In search of excellence: Lessons from America's best-run companies. New York: Harper & Row.
- Podsakoff, P.M., MacKenzie, S.B., Moorman, R.H., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. Leadership Quarterly, 1, 107-142.

- Poole, M.S., & McPhee, R.D. (1983). A structural analysis of organizational climate. In L.L. Putman & M.E. Pacanowsky (Eds.), Communication and organizations: An interpretive approach (pp. 195-219). Beverly Hills, CA: Sage.
- Powell, G.N., & Butterfield, D.A. (1978). The case for subsystem climate in organizations. Academy of Management Review, 3, 151-157.
- Pritchard, R.D., & Karasick, B.W. (1973). The effect of organizational climate on managerial job performance and job satisfaction. Organizational Behavior and Human Performance, 9, 126-146.
- Puffer, S.M. (1987). Prosocial behavior, noncompliant behavior, and work performance among commission sales people. Journal of Applied Psychology, 72, 615-621.
- Sashkin, M. (1977). Comments on Chapter 12: The structure of charismatic leadership. In J.G. Hunt & L.L. Larson (Eds.), Leadership: The cutting edge (pp. 212-218). Carbondale, IL: Southern Illinois University Press.
- Saxe, R., & Weitz, B.A. (1982). The SOCO scale: A measure of the customer orientation of salespeople. Journal of Marketing Research, 19, 343-351.
- Schmitt, N., Gooding, R.Z., Noe, R.A., & Kirsch, M. (1984). Meta-analyses of validity studies published between 1964 and 1982 and the investigation of study characteristics. Personnel Psychology, 37, 407-422.
- Schneider, B. (1973). The perception of organizational climate: The customer's view. Journal of Applied Psychology, 57(3), 248-256.
- Schneider, B., & Bowen, D.E. (1985). Employee and customer perceptions of service in banks: Replication and extension. Journal of Applied Psychology, 70(3), 423-433.
- Schneider, B., & Gunnarson, S. (1990). Organizational climate and culture: The psychology of the workplace. In J.W. Jones, B.D. Steffy, & D. Bray (Eds.), Applying psychology in business: The manager's handbook (pp. 542-551).
- Schneider, B., Parkington, J.J., & Buxton, V.M. (1980). Employee and customer perceptions of service in banks. Administrative Science Quarterly, 16(25), 252-267.
- Schneider, B., & Reichers, A.E. (1983). On the etiology of climates. Personnel Psychology, 36, 19-39.

- Schneider, B., & Rentsch, J. (1988). Managing climates and cultures: A futures perspective. In J Hage (Ed.), The futures of organizations (pp. 181-200). Lexington, MA: Lexington Books.
- Schneider, B., Wheeler, J.K., & Cox, J.F. (1992). A passion for service: Using content analysis for explicate service climate themes. Journal of Applied Psychology, 77, 705-716.
- Scott, W.E., Jr. (1967). The development of semantic differential scales as measures of "morale." Personnel Psychology, 20, 179-198.
- Seltzer, J., & Bass, B.M. (1990) Transformational leadership: Beyond initiation and consideration. Journal of Management, 16, 693-703.
- Smith, C.A., Organ, D.W., & near, J.P. (1983). Organizational citizenship behavior: Its nature and antecedents. Journal of Applied Psychology, 68, 453-463.
- Stecher, M.D., Rosse, J.G., & Miller, J.L. (1994). The effects of mood, fairness and job satisfaction on organizational citizenship behavior. Paper presented at the ninth annual conference of the Society for Industrial and Organizational Psychology, Nashville.
- T.A.R.P., (1987). Technical Assistance Research Programs.
- Tett, P. R., Jackson, D. N., & Rothstein, M. (1991). Personality measures as predictors of job performance: A meta-analytic review. Personnel Psychology, 44, 703-741.
- Thomas, H. (1988). What is the interpretation of the validity generalization estimate $S^2_p = S^2_r - S^2_e$? Journal of Applied Psychology, 73, 679-682.
- Thomas, J.B., & Lounsbury, J.W. (1994). Personality versus affect: Predicting customer service orientations. Unpublished manuscript.
- Waldmen, D.A., Bass, B.M., & Einstein, W.O. (1987). Effort, performance, and transformational leadership in industrial and military settings. Journal of Occupational Psychology, 177-186.

- Waldmen, D.A., Bass, B., & Yammarino, F.J. (1990). Adding to contingent-reward behavior: The augmenting effect of charismatic leadership. Group and Organizational Studies, 15, 381-394.
- Watson, D., Clark, L.A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The Panas scales. Journal of Personality and Social Psychology, 97, 346-353.
- Watson, D., & Pennebaker, J.W. (1989). Health complaints, stress, and distress: Exploring the central role of negative affectivity. Psychological Review, 96, 234-254.
- Watson, D., & Tellegen, A. (1985). Toward a consensual structure of mood. Psychological Bulletin, 98, 219-235.
- Zemke, R. (1992). The emerging art of service management. Training, 38, 37-42.
- Zemke, R., & Schaaf, D. (1989). The service edge: 101 companies that profit from customer care. New York: Plume.

APPENDICES

APPENDIX A
COVER LETTER TO NURSING PROFESSIONALS

December, 1994

Dear research participant:

My name is Britt Thomas and I am a graduate student studying Management at the University of Tennessee. You are being asked to participate in a research study on hospitals. Specifically, you are being asked to fill out a survey about attitudes and leadership styles among health care providers. The results will be used to look for trends among health care professional attitudes and the environments they work in.

In completing this form, all answers you provide will be kept **confidential**. That is, no one in your hospital will ever see any of your answers. All responses will be seen **only by me** as I enter them in my computer. After the project is over, all surveys will be destroyed.

The survey should only take you 15 minutes to complete. Therefore it should be convenient for you to participate. Your cooperation is greatly appreciated. Feel free to call me **collect** at 615-558-9954 if you have any questions.

Thanks,

Britt Thomas
Graduate student
University of Tennessee, Knoxville

John W. Lounsbury,
Ph.D.
Professor of
Psychology
University of
Tennessee, Knoxville

APPENDIX B
NURSING PROFESSIONAL SURVEY

PERSONAL STYLE INVENTORY FOR HEALTH CARE PROVIDERS

[version 3.0]

NAME or ID NUMBER _____		ORGANIZATION _____	
JOB TITLE	RN LPN NURSING ASSISTANT	(circle one)	
FEMALE _____	MALE _____		
TENURE _____ YEARS	FLOOR and/or WING _____ (e.g., 5 East, etc.)		

INSTRUCTIONS: As you read each of the following sets of phrases, think about how you act most of the time or how you most characteristically feel or think when you are at work (on the job). For most of the items, your perspective should be how you typically act or feel (or how you think you would act or feel when you are in your work role). For the other items, indicate how you typically act or feel at work or in general. For each item, check which of the 5 boxes best describes you. If the phrase to the right better reflects your view of yourself, check one of the boxes on the right. If your view of yourself is better reflected by the phrase or description to the left, check one of the boxes on the left. If you can't decide which phrase or description best describes you, check the middle box, which indicates that you are neutral on the issue.

Here are two examples:	
EXAMPLE 1: I will do anything I can to make sure a project gets done on time.	☐ ☐ ☐ ☒ ☐ I am concerned about getting a job done on time, but realize that most deadlines can be extended. <i>In this example, the person checked the box to the far right indicating that she or he is concerned with deadlines but knows that most deadlines can be extended.</i>
EXAMPLE 2: When I am working on a problem, I hate to be interrupted by another person.	☒ ☐ ☐ ☐ ☐ When I am working on a problem, I don't mind at all being interrupted by another person. <i>In this example, the person checked the box next to the one on the far left, indicating, for example, that he or she typically, but not always, hates to be interrupted by another person when working on a problem.</i>

The needs of the patient should always come first.	☐ ☐ ☐ ☐ ☐	The needs of the hospital should always come first.
I always try to be responsive to the needs of the patient, even if it means getting behind schedule.	☐ ☐ ☐ ☐ ☐	I try to be responsive to the needs of the patient, but not if it means getting behind schedule.
I do not mind pitching in to help a coworker, even if it means me getting a little behind schedule.	☐ ☐ ☐ ☐ ☐	If I get a little behind schedule, I would rather not get side-tracked from doing my own duties.
If a patient needs immediate attention and I can not help her/him promptly, I prefer to ask a co-worker to help her/him right away.	☐ ☐ ☐ ☐ ☐	If a patient needs immediate attention and I cannot help her/him promptly, I prefer to let the patient know personally that I will get to her/him as soon as I can.
I think most patients are more interested in me doing my job and leaving.	☐ ☐ ☐ ☐ ☐	I think most patients like for me to strike up a conversation with them as I do my job.
I would like to hear from some of my patients after they have left the hospital.	☐ ☐ ☐ ☐ ☐	I would <u>not</u> like to hear from any of my patients after they have left the hospital.
I like to get to know the patient's family as well as the patient.	☐ ☐ ☐ ☐ ☐	I like to focus exclusively on getting to know the patient him/herself.
I think it is a good idea to give patients back rubs.	☐ ☐ ☐ ☐ ☐	I do <u>not</u> think it is a good idea to give patients back rubs.
Usually, understanding a patient's personality greatly helps a care provider deal with that patient.	☐ ☐ ☐ ☐ ☐	Understanding a patient's personality usually <u>won't</u> help a care provider deal with the patient more effectively.

When a patient continues to complain a lot, even after repeated efforts to help, I tend to tune him/her out and go about my business.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	When a patient continues to complain a lot, even after repeated efforts to help, I will try to find a new way to help him/her.
I think that a care provider's job performance should be evaluated based in part on satisfaction ratings from her/his patients.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	I do <u>not</u> think that a care provider's job performance should be evaluated at all based on satisfaction ratings from her/his patients.
I would feel completely comfortable apologizing to a patient for a mistake I had made.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	I would feel <u>uncomfortable</u> apologizing to a patient for a mistake I had made.
I think it is a good idea to sympathize with the patient who is suffering.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	I do <u>not</u> think it is a good idea to sympathize with the patient who is suffering.
When it comes to factors influencing a patient's satisfaction with their hospital stay, "Being treated as an individual is less important than actually getting better.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	When it comes to factors influencing a patient's satisfaction with their hospital stay, "Being treated as an individual " is as important as actually getting better.
In my opinion, most patients are <u>not</u> qualified to judge the quality of care they receive.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	In my opinion, most patients <u>are</u> qualified to judge the quality of care they receive.
I am <u>very comfortable</u> when a patient tells me about her/his personal problems.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	I am <u>uncomfortable</u> when a patient tells me about her/his personal problems.
In general, I like to be able to give my home phone number to my patients so they can call me at home.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	In general, I prefer not to give my home phone number to patients, no matter what the circumstance.
I agree with the statement: "Many patients will be unhappy no matter how hard I try to please them."	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	I disagree with the statement: "Many patients will be unhappy no matter how hard I try to please them."
I think it is a good idea to give patients foot rubs.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	I do not think it is a good idea to give patients foot rubs.

The following questions are related to your attitudes toward your work. As you read each of the following items, think about how you act most of the time or how you most characteristically feel or think when you are at work.

Please indicate the degree to which you agree with the following statements. Use the scale: **SD** = strongly disagree, **D** = disagree, **N** = neutral, **A** = agree, **SA** = strongly agree.

The management of this hospital emphasizes employee productivity and efficiency over providing service to patients.....	SD D N A SA	The management of this hospital does not emphasize providing high quality patient care.....	SD D N A SA
The management of this hospital would like us to complete our other duties before focusing on patients.....	SD D N A SA	Patient complaints are given high priority at this hospital.....	SD D N A SA
The management of this hospital continually emphasizes the values of quality and patient focus.....	SD D N A SA	All reasonable attempts are made to resolve patient complaints.....	SD D N A SA
The management of this hospital believes focusing on patients and meeting their needs is our most important priority.	SD D N A SA	Patients receive helpful and responsive attention when problems arise.....	SD D N A SA
The management of this hospital provides care givers with the resources (e.g., training, guidance, materials, etc.) needed to properly treat our patients.....	SD D N A SA	We are concerned with patient opinions at our hospital.....	SD D N A SA
The management of this hospital instructs supervisors to emphasize patient satisfaction in goal setting and performance reviews with subordinates.....	SD D N A SA	In this hospital, we try to remember the names of patients.....	SD D N A SA
		In this hospital, we go the extra distance for customers.....	SD D N A SA
		We are well-prepared for the introduction of new customer services.....	SD D N A SA
		Each unit is adequately staffed.....	SD D N A SA
		Each unit is adequately trained.....	SD D N A SA

We use only high-quality materials for patient care..... SD D N A SA

Equipment and machinery in this hospital are well serviced and rarely break down..... SD D N A SA

The hospital always has adequate supplies. SD D N A SA

If equipment fails to work properly, it is repaired in a timely manner..... SD D N A SA

I have access to the resources needed to perform my job effectively..... SD D N A SA

Please indicate the frequency that your supervisor engages in the following. Use the scale: (1 = not at all—never; 2 = once in a while—not too often; 3 = sometimes; 4 = fairly often; 5 = frequently, if not always).

My supervisor emphasizes the value of questioning assumptions. 1 2 3 4 5

My supervisor persists in her or his emphasis on satisfying patients. 1 2 3 4 5

My supervisor re-examines critical assumptions to question whether they are appropriate. 1 2 3 4 5

My supervisor listens attentively to my concerns. 1 2 3 4 5

My supervisor sets high standards. 1 2 3 4 5

My supervisor encourages care givers to come up with ideas to improve patient care. 1 2 3 4 5

My supervisor makes personal sacrifices for the benefit of others. 1 2 3 4 5

My supervisor takes time to answer procedural questions when they arise. 1 2 3 4 5

My supervisor demands that you provide high quality patient care. 1 2 3 4 5

My supervisor instills pride in being associated with him/her. 1 2 3 4 5

My supervisor provides care givers with resources (e.g., training, guidance, supplies, etc.) needed to properly treat patients. 1 2 3 4 5

My supervisor articulates a compelling vision of the future. 1 2 3 4 5

My supervisor gets me to look at problems from many different angles. 1 2 3 4 5

My supervisor talks optimistically about the future. 1 2 3 4 5

My supervisor remains calm during crises situations. 1 2 3 4 5

My supervisor expresses his/her confidence that we will achieve our goals. 1 2 3 4 5

My supervisor suggests new ways of looking at how we do our jobs. 1 2 3 4 5

My supervisor provides reassurance that we will overcome obstacles. 1 2 3 4 5

My supervisor promotes self-development. 1 2 3 4 5

My supervisor displays extraordinary talent and competence in whatever s/he undertakes. 1 2 3 4 5

My supervisor displays a sense of power and competence. 1 2 3 4 5

My supervisor focuses my attention on "what it takes" to be successful. 1 2 3 4 5

My supervisor treats me as an individual rather than just a member of a group. 1 2 3 4 5

My supervisor's actions build my respect for him/her. 1 2 3 4 5

My supervisor provides useful advice for my development. 1 2 3 4 5

My supervisor encourages us to rethink ideas that had never been questioned before. 1 2 3 4 5

My supervisor focuses me on developing my strengths. 1 2 3 4 5

My supervisor questions the traditional ways of doing things. 1 2 3 4 5

My supervisor talks enthusiastically about what needs to be accomplished. 1 2 3 4 5

My supervisor supports care givers when they come up with ideas to improve patient care. 1 2 3 4 5

My supervisor provides continuous encouragement. 1 2 3 4 5

My supervisor seeks differing perspectives when solving problems. 1 2 3 4 5

My supervisor meets regularly with care givers to discuss how to improve patient care. 1 2 3 4 5

My supervisor encourages me to express my ideas and opinions. 1 2 3 4 5

My supervisor spends time teaching and coaching me. 1 2 3 4 5

My supervisor envisions exciting possibilities. 1 2 3 4 5

My supervisor encourages non-traditional thinking to deal with traditional problems. 1 2 3 4 5

© Bernard M. Bass & Bruce J. Avolio. Reproduced by permission

My supervisor treats each of us as individuals with different needs, abilities, and aspirations. 1 2 3 4 5

My supervisor goes beyond his/her own self-interest for the good of our group. 1 2 3 4 5

My supervisor teaches me how to identify the needs and capabilities of others. 1 2 3 4 5

My supervisor shows determination to accomplish what s/he sets out to do. 1 2 3 4 5

My supervisor gives personal attention to members who seem neglected. 1 2 3 4 5

Below are some words that describe how you might feel. Using the scale provided, please indicate how you have felt at work during the past two weeks.
1 = Very slightly or not at all
2 = A little
3 = Moderately
4 = Quite a bit
5 = Very much

Word	Feeling past two weeks
Active	1 2 3 4 5
Calm	1 2 3 4 5
Sleepy	1 2 3 4 5
Strong	1 2 3 4 5
Excited	1 2 3 4 5
Dull	1 2 3 4 5
Enthusiastic	1 2 3 4 5
Relaxed	1 2 3 4 5
Peppy	1 2 3 4 5
Elated	1 2 3 4 5
At rest	1 2 3 4 5
Sluggish	1 2 3 4 5
Jittery	1 2 3 4 5

For these last questions, please indicate how good your job is according to the following scale. (1 = not good at all, totally unacceptable; 2 = not quite as good as others, somewhat unacceptable; 3 = O.K., acceptable; 4 = good, a little better than others; 5 = very good, much better than others).

How good is your job compared to similar individuals in this company who have this job? 1 2 3 4 5

How good is your pay compared to similar individuals in this company who have this job? 1 2 3 4 5

Compared to all individuals who work for this organization, how good is your job? 1 2 3 4 5

Compared to all individuals who work for this organization, how good is your pay? 1 2 3 4 5

Compared with other individuals doing the same job in other organizations, how good is your job? 1 2 3 4 5

Compared with other individuals doing the same job in other organizations, how good is your pay? 1 2 3 4 5

How good is your job compared to other people who have the same amount of education as you? 1 2 3 4 5

How good is your pay compared to other people who have the same amount of education as you? 1 2 3 4 5

How good is your job compared to others who are the same age as you? 1 2 3 4 5

How good is your pay compared to others who are the same age as you? 1 2 3 4 5

Compared to what you expected at this time, how good is your job? 1 2 3 4 5

Compared to what you expected at this time, how good is your pay? 1 2 3 4 5

© Bernard M. Bass & Bruce J. Avolio. Reproduced by permission.

End of questions.....Thank you for your time!

APPENDIX C
SUPERVISOR SURVEY

Direct Care Provider Performance Rating Form

Hospital Name _____

Wing Number of rater (e.g., 1st floor, East Wing, etc.) _____

My name is Britt Thomas and I am a graduate student studying Management at the University of Tennessee. You are being asked to participate in a research project designed to assist hospitals such as yours in becoming more customer service oriented. Specifically, you are being asked to rate your subordinate nurses (e.g., RNs, LPNs, etc.) on their customer service orientations. Your cooperation is very important to the success of this project.

The information you provide will be used for research purposes only and will never be revealed to the employee or to any other person in your hospital. All identifying information will be destroyed at the end of this project. Furthermore, these ratings will never appear in any person's personnel file. If you have any questions about this project, please contact me at 615-558-9954 or Dr. John Lounsbury at 615-588-8252. Please call collect if you desire.

Since there are only 6 items, it should take you only about 1-2 minutes per person rated. In rating each employee, please read the description for each dimension carefully. Then, rate the employee on each dimension according to the following scale.

- 1 = Performance does not meet, or rarely meets minimum standards.**
- 2 = Performance is less than satisfactory in many respects.**
- 3 = Performance is satisfactory in most respects.**
- 4 = Performance is satisfactory in all respects.**
- 5 = Performance is above average but not superior.**
- 6 = Performance is superior in almost all respects.**
- 7 = Single best performance ever observed.**

Things to remember when rating

- **Do not feel obligated to make all the ratings across every dimension the same for an individual employee. Even outstanding employees have weaknesses in certain areas.**
- **Accurate rating of employee's actual job performance is essential for this project to provide useful results for your hospital.**
- **When making ratings, try to think of specific examples of behavior versus "global impressions."**
- **Remember, all information you provide is confidential and will never be seen by anyone in your hospital.**

PATIENT SERVICE ORIENTATION RATING FORM

PATIENT RAPPORT: develops positive rapport with patients, reassures them, is friendly and pleasant with patients, smiles, greets them by name, treats patients personally and as individuals.

RESPONSIVENESS TO PATIENT NEEDS: is responsive to needs and concerns of patient, handles patient requests and complaints in a timely manner, anticipates patient concerns, does not lose composure even when dealing with difficult patients, respects the dignity of each patient.

POSITIVE INTERACTION WITH FAMILY OF PATIENT: introduces self to family members, answers questions, is friendly to family, reassures and comforts family where appropriate, is flexible with visiting hours when necessary, tries to make them feel comfortable.

TEAMWORK & CO-WORKER RELATIONS: contributes to team work and morale at work, cooperates with other hospital personnel when asked to do so, takes up slack for co-workers, projects image of being a team-player who will work cooperatively with others.

"ABOVE & BEYOND": goes beyond normal duties to meet patient needs, provides extra care to patient, checks on patient even when call light has not been pushed, looks for new ways to provide quality service to patients.

OVERALL PATIENT SERVICE ORIENTATION: all things considered, how would you rate this person's overall patient service orientation, including the degree to which the person's job performance contributes to high patient satisfaction, patient retention, increased referrals, and positive public image of your hospital.

RATING STANDARDS

- 1 = Performance does not meet, or rarely meets minimum standards.
- 2 = Performance is less than satisfactory in many respects.
- 3 = Performance is satisfactory in most respects but not all.
- 4 = Performance is satisfactory in all respects.
- 5 = Performance is above average but not superior.
- 6 = Performance is superior in almost all respects.
- 7 = Single best performance ever observed.

NAME OF RATEE

[illegible]

APPENDIX D

t TESTS BETWEEN HOSPITAL PARTICIPANTS

APPENDIX D

T-TESTS BETWEEN HOSPITAL PARTICIPANTS

EMPLOYEE MEASURES	Hospital 1 Mean (SD)	Hospital 2 Mean (SD)	T
Self reported Customer Service Orientation	41.2	42.9	-3.15*
Hospital Customer Orientation (Climate)	24.4	23.8	1.63
Hospital Systems Support (Climate)	9.6	9.3	1.08
Perceived Supervisor Commitment to Customer Service	28.9	30.1	-1.64
Intellectual Stimulation	33.4	35.2	-1.81
Individual Consideration	36.8	40.3	-2.93*
Inspirational Leadership	31.0	32.0	-1.08
Charisma	30.6	32.7	-2.27*
Job Satisfaction	19.1	16.7	3.56*
Pay Satisfaction	21.9	22.3	-0.6
Positive Mood	21.4	22.8	-2.2*
SUPERVISOR MEASURES			
Customer Service Rating	30.0	32.8	-2.88*

* $p < .05$

APPENDIX E
CORRELATIONS AMONG STUDY VARIABLES AT HOSPITAL 1

APPENDIX E CORRELATIONS AMONG STUDY VARIABLES AT HOSPITAL 1

Study Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Gender	--												
2. Tenure	-07	--											
3. Climate for Service	-14	03	--										
4. Supervisor Commitment to Customer Service	-08	-07	27**	--									
5. Individual Consideration	-07	-17	28**	83**	--								
6. Intellectual Stimulation	-09	-06	27**	85**	86**	--							
7. Charisma	-03	-05	25**	90**	90**	90**	--						
8. Inspirational Leadership	-10	-11	21**	84**	81**	86**	84**	--					
9. Job Satisfaction	-03	05	24**	30**	33**	31**	31**	26**	--				
10. Pay Satisfaction	07	13	28**	24*	19*	25**	22*	21*	60**	--			
11. Positive Mood	03	00	20*	15	14	12	16	09	18	01	--		
12. Self reported Customer Service Orientation	-02	-06	22*	06	05	01	00	06	07	04	13	--	
13. Customer Service Behaviors (Rating)	-04	-15	12	11	14	07	14	13	10	03	12	30**	--

Note: Decimals have been omitted

* p < .05 ** p < .01

APPENDIX F
CORRELATIONS AMONG STUDY VARIABLES AT HOSPITAL 2

APPENDIX F CORRELATIONS AMONG STUDY VARIABLES AT HOSPITAL 2

Study Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Gender	--												
2. Tenure	-17	--											
3. Climate for Service	04	04	--										
4. Supervisor Commitment to Customer Service	05	-02	39**	--									
5. Individual Consideration	03	-04	38**	82**	--								
6. Intellectual Stimulation	03	-04	36**	85**	91**	--							
7. Charisma	03	-03	39**	85**	91**	88**	--						
8. Inspirational Leadership	06	-11	31**	87**	91**	93**	91**	--					
9. Job Satisfaction	01	02	40**	53**	49**	54**	50**	51**	--				
10. Pay Satisfaction	01	-20	13	07	06	05	07	07	38**	--			
11. Positive Mood	-03	-11	21*	31**	40**	42**	34**	40**	37**	13	--		
12. Self reported Customer Service Orientation	-05	11	27**	28**	22**	24**	25**	25**	41**	12	14	--	
13. Customer Service Behaviors (Rating)	15	06	18*	26**	31**	28**	27**	24**	06	-18*	16	08	--

Note: Decimals have been omitted

* p < .05 ** p < .01

VITA

James Britton Thomas was born in Lubbock, Texas on April 8, 1968. After spending the first five years of his life in Texas, he moved to Searcy, Arkansas where he attended and graduated from Harding Academy in 1986. Specific honors from high school included being salutatorian, attending Boys' State, involvement in three state championships in sports, and other individual honors. That fall he entered Harding University. In 1991 he received his Bachelors degree in Human Resources (i.e., psychology and business) from Harding, graduating with a perfect 4.0 grade average. Other honors included being recognized as a member of Who's Who Among American Colleges and University, membership in Alpha Chi National Honor Society, Delta Mu Delta National Business Honor Society, and others. He entered the University of Tennessee, Knoxville in the fall of 1991, seeking a Ph.D. in industrial and organizational psychology. While at Tennessee he gained experience in management consulting, working on several projects including assessment and selection of employees for several companies. He has worked periodically for three consulting firms and, for the past year, has been employed by the Tennessee Valley Authority as a contractor in the Corporate Human Resources area.

Upon graduation from the University of Tennessee, Britt plans to move to Memphis, Tennessee to begin working as a

psychologist and consultant for Performance Management
Associates.