InnOvaciOnes de NegOciOs 3(1): 93 - 109, 2006 © 2006 UANL, Impreso en México (ISSN 1665-9627)

Customer's preferred service behaviors in two industries: the case of the mexican consumers (Comportamiento preferido por los consumidores en dos industrias: el caso de los consumidores mexicanos)

Barragán, J. & A. Saran

FACPYA, UANL, México, <u>ibarragan@sa.uanl.mx</u> & College of Business, University of Texas Pan American, Edinburg, Texas, USA, <u>asaran@panam.edu</u>

Key Words: Promptness, care, courtesy, friendliness

Abstract. The interaction that occurs between a service provider and a customer has received a significant amount of attention in the services research stream. However, there is still little knowledge with regards to how consumers assess service encounters, and even less about what is important to consumers in different countries other than the U.S. Using Mexican consumers, a group of behaviors (caring, courtesy, friendliness, and promptness) was investigated to determine their relative importance in interactions with medical and restaurant service encounters and their impact on satisfaction with those providers. Promptness was the only behavior that did not have an effect on satisfaction reflecting a society with a higher orientation for people-oriented behaviors.

Palabras Claves: Amabilidad, atención, cortesía, rapidéz

Resumen. La interacción que ocurre entre un proveedor de servicio y un cliente ha recibido una cantidad significativa de atención en la corriente de la investigación de los servicios. Sin embargo, todavía hay poco conocimiento en lo que respecta a la forma en cómo los consumidores califican o evalúan su encuentro con un servicio, e incluso menos investigación existe sobre los factores de importancia para los consumidores en diversos países con excepción de los EE.UU. Utilizando a consumidores mexicanos, un grupo de comportamientos (atención, cortesía, amistad, y rapidez) fue investigado para determinar su importancia relativa en interacciones con encuentros en servicios médicos y en restaurantes, así como su impacto en la satisfacción con esos proveedores de servicios. La rapidez resultó el único comportamiento que no tenía un efecto en la satisfacción que refleja una sociedad con una orientación más alta para los comportamientos orientados a los estándares mas altos de satisfacción.

Presentation and Hypothesis

Marketing in Mexico and research on consumer's behavior is worthwhile to examine because it offers a different cultural environment than the previously researched countries (U.S. and Japan). Furthermore, 39.3% of the labor force in Mexico takes place in service sectors, where the technical, professional, personal, and social services, employ 3, 799, 157 workers (INEGI, 1999).

The current research will have the following objectives: First, the identification of the service behaviors that have greater significance for Mexican consumers when interacting in a medical and restaurant encounters. Second, the cross-industry comparison to determine whether Mexican customers have a preference in the behaviors displayed by service providers. Third, the determination of whether these service behaviors have an impact on the satisfaction level of Mexican consumers within these specific industries. The service encounter dimensions chosen for this cross-industry study were Caring, Courtesy, Friendliness, and Promptness.

The medical and restaurant industries are commonly and frequently used by consumers anywhere in the world, allowing the study of differences between them due to their highly interactive nature but still potential variance on several dimensions (Winsted 1999). The medical industry is represented by interactions of customer with their doctors, and the restaurant industry is represented by sit-down encounters. These two encounters have common characteristics, such as being people oriented (Parasuraman et al., 1991), having an important influence on customer satisfaction (O'Connor et al., 1992), and offering a high opportunity level for customization (Winsted, 1999). These encounters also have their differences. Professional service encounters, such as the medical, have unique characteristics as the service person usually has an advanced degree and typically requires a high level of interaction between the parties involved (Brown and Swartz, 1989). These requirements and situations are not mandatory in the restaurant industry where it is not necessary to have an advanced degree and where the levels of interaction can vary based on the type of restaurant (fast food vs. sit-down).

The following hypotheses were tested to determine in which industry the selected behaviors had a greater relative importance, and to further establish the relative influence of the service behaviors on customer satisfaction per industry:

- **H1:** Caring will have a greater importance for the Mexican consumers in interactions with doctors than in interactions with waiters.
- **H2**: Courtesy will have a greater importance for the Mexican consumers in interactions with waiters than in interactions with doctors.

- **H3**: Friendliness will have a greater importance for the Mexican consumers in interactions with waiters than in interactions with doctors.
- **H4**: Promptness will have a greater importance for the Mexican consumers in interactions with waiters than in interactions with doctors.
- **H5**: The service behaviors of caring, courtesy, friendliness, and promptness will have a direct relationship with satisfaction in interactions with waiters and doctors for the Mexican consumers.

The statistical analysis aimed to determine in which industry the selected behavior had a greater relative importance and to further establish the relative influence of the service behaviors per industry. A structural equation model per industry was operationalized where the proposed four service behaviors (caring, courtesy, friendliness, and promptness) led to satisfaction with the service provider. Due to an insignificant path coefficient, the service behavior of promptness was removed. Because a model per industry was reproduced, it allowed us to determine in which industry the selected behavior had a greater relative importance, and to further establish the relative influence of the service behaviors per industry (H1= supported, H2= not supported, H3= supported, H4= not supported, H5= partially supported).

The results imply that the service behaviors of friendliness, courtesy, and caring are in fact important behaviors that the Mexican consumers prefer in both interactions, waiters and doctors, and that lead to a higher satisfaction with the service providers within these industries. The results present some implications that service providers in the medical and restaurant industry need to address when providing their services in Mexico, and possibly Latin America. First, friendliness is the service behavior that exerts the most influence on satisfaction with the service provider among the Mexican consumers when interacting with the restaurant and medical industries. This shows that regardless of the industry, Mexican consumers, and possibly Latin American consumers as well, value friendly behaviors.

After friendly behavior, the restaurant and medical settings should aim to offer a service that includes employees displaying courteous and caring attitudes. Employers in these industries can assess whether their offering includes these service behaviors that demonstrated an impact on customer satisfaction. Restaurant and medical services with friendly, courteous, and caring staff will definitively have highly-satisfied customers.

Doctors and medical services in Mexico, and again possibly in Latin America, should include as part of their service, these behaviors which showed to be preferred by the consumer and that positively affected their satisfaction level. Service providers should focus on ensuring that their employees, especially those

with direct customer interaction, display behaviors of friendliness, courtesy, and caring, which will ultimately please the Mexican consumer. Mexican consumers should not be treated with an impersonal fast service.

Once these behaviors are included as part of the service strategy, service providers will certainly deliver a satisfactory service for their customers. This will lead to achieving service success where the link between the service provider and the customer will be strengthened via preferred service behaviors.

It has been established that employee behaviors become an important factor in service settings (Parasuraman et al., 1985); especially the positive emotional displays of service employees, such as warmth and friendliness, since these would likely be an incentive for customers to return and to pass on positive word of mouth among their friends (Tsai, 2001). In addition, Parasuraman et al. (1991) determined that the dimensions that formed the service encounter made it possible for firms to excel in their areas and likely to overcome their competitors.. Yet, a better understanding of the attributes used by consumers to evaluate services is still needed (Bowers and Swan, 1994) where the relative importance of those behaviors or attributes to consumer satisfaction is assessed. The importance of satisfied customers has been well documented in the services literature (Oliver, 1980, 1999) among consumers. Nonetheless, it is critical that companies satisfy their customers to be able to benefit from superior economic returns (Anderson et al., 1994).

In addition, an increasing number of service providers are doing businesses in different countries. Various service firms are now offering their services in several countries, which implies different cultural settings and therefore, demands an understanding of the culture itself to be better off in understanding the consumer as well. According to Czepiel (1990), the expectations and what it is considered adequate behaviors in service encounters are expected to differ greatly based on the cultural setting due to the fact that service encounters are also social encounters. However, the guidance about how culture impacts the way a service should be provided has been minimal (Alden, Hoyer, and Lee 1993). This is further supported by Winsted (1999, 1997) who noted that the knowledge of what is important for consumers in countries other than the U.S. is limited so far and there is a clear need for comparative research to understand how consumers in different countries evaluate service encounters. Several of these behaviors have been proposed to improve the customers' satisfaction but have been studied only in very few cultures, such as the American or Japanese (Winsted, 1999, 1997). Additional research in different cultures is needed to expand the knowledge about preferred service behaviors among consumers. This research takes an active role to empirically test whether some

service behaviors have an impact in the customers' mind by testing whether or not these industry differences hold in a different cultural environment: Mexico.

Mexico is considered worth examining because it offers a different cultural environment than the previously researched countries (U.S. and Japan). Furthermore, 39.3% of the labor force in Mexico takes place in service sectors, where the technical, professional, personal, and social services, employ 3, 799, 157 workers (INEGI, 1999).

The current research will have the following objectives: First, the identification of the service behaviors that have greater significance for Mexican consumers when interacting in a medical and restaurant encounters. Second, the cross-industry comparison to determine whether Mexican customers have a preference in the behaviors displayed by service providers. Third, the determination of whether these service behaviors have an impact on the satisfaction level of Mexican consumers within these specific industries.

To accomplish such objectives, the following steps were taken: First, a literature review was conducted to identify and include the behaviors that have been associated to produce an outcome when consumers interact with a service provider. Then, a focus group with Mexican consumers was carried out to incorporate the consumers' point of view in both industries and compliment it with the existing literature. Third, surveys were conducted to test the customers' preference for these behaviors in the medical and restaurant industries as well as the explanatory power of these behaviors to predict satisfaction among Mexican customers. Finally, a discussion of the results obtained is included.

The medical and restaurant service encounter: a cross industry analysis

Today, managers in the service industries are called on to not only understand the differences in expectations in the customers' minds, but also to understand the ways customers expect to be treated when using diverse services (Winsted 1999). From this previous understanding, service managers will be benefited by also gaining an understanding of the service delivery behaviors that are best suited to a cultural group (Mattila, 1999), such as in this case the Mexican consumers. However, even though this topic is considered to be relevant, the knowledge of how customers from different countries evaluate service encounters is still limited (Winsted, 1997).

The medical and restaurant industries are commonly and frequently used by consumers anywhere in the world, allowing the study of differences between them due to their highly interactive nature but still potential variance on several dimensions (Winsted, 1999). The medical industry is represented by interactions of customer with their doctors, and the restaurant industry is represented by sit-

down encounters. These two encounters have common characteristics, such as being people oriented (Parasuraman, et al., 1991), having an important influence on customer satisfaction (O'Connoret al., 1992), and offering a high opportunity level for customization (Winsted, 1999). These encounters also have their differences as well. Professional service encounters, such as the medical, have unique characteristics such as that the service person usually has an advanced degree, met credentialing requirements, and typically require a high level of interaction between the parties involved (Brown and Swartz, 1989). These requirements and situations are not mandatory in the restaurant industry where it is not necessary to have an advanced degree and where the levels of interaction can vary based on the type of restaurant (fast food vs. sit-down). Moreover, waiters are evaluated based on experience attributes while doctors are evaluated based on their credence qualities (Zeithaml, 1981).

Overall, both industries are considered to offer elaborated services, which consists of several ways and spaces, where planning for compatibility and consistency is considered a challenge (Bitner, 1992). Furthermore, the high level of interaction that occurs in the medical and restaurant industries is considered a primary determinant of the overall satisfaction level of the customer (Rust et al., 1996). In addition, for these industries it is critical that they maintain customer satisfaction since this would enable them to build their customer franchise (Strasser and Schweikhart, 1995).

To address our cross-industry analysis, several service dimensions that were relevant to these industries were used to build our hypotheses. Specifically, the selected dimensions were: Caring, Courtesy, Friendliness, and Promptness. Following Winsted (1999), we hypothesized the expected differences in the restaurant and the medical industries based on the importance to satisfaction of each of the dimensions.

Service encounter behaviors and their Impact on the medical and restaurant industries

The service encounter dimensions chosen for this cross-industry study were Caring, Courtesy, Friendliness, and Promptness. Insights from the Mexican groups were used as well to acknowledge the remarks of the Mexican consumers. The hypotheses reflect the relative importance of the selected behaviors between the medical and restaurant industries, and their impact on satisfaction.

Caring

One of the reasons people become customers is because of the care received from the service provider (O'Malley, 2004). Receiving care implies that the service provider gives attention (Bitner et al., 1990), shows empathy (Winsted 1999) and interest (Brown and Swartz, 1989; Schneider, 1980) to their customers. On the other side, lack of care leads to negative emotions in the customers, such as anger and frustration (McColl-Kennedy and Sparks, 2003). Scott (2001) stresses that caring for patients in the medical industry will ultimately lead to service with excellence and O'Malley (2004) that the healthcare providers should provide a memorable service experience that leaves customers with an ongoing favorable image, feeling, and union with the provider. Winsted (1999) reported that because of the high ego involvement of patients, the frequent physical contact, and the usual long-term nature of the relationship between patient and doctor, a caring behavior was more important for U.S. citizens in the medical encounter. Furthermore, participants of the focus group indicated that it is of great importance that their doctor cares for them. The Mexican consumers expected a caring attitude where doctors were concerned and interested for their well-being. Therefore, we propose that:

H1: Caring will have a greater importance for the Mexican consumers in interactions with doctors than in interactions with waiters.

Courtesy and civility

Courtesy, also referred to as civility, has been determined to have an important role in the customers' mind when interacting with the service encounter (Gotlieb et al., 2004; Sundaram and Webster, 2001; Verma, 2003). Now adays, delighters, such as courtesy, would capture and retain customers (Verma, 2003) in today's competitive environment. Previous research conducted (Bitner et al., 1990; Blodgett et al., 1995; Chandon et al., 1997) have included courtesy either by itself or along with other constructs (Winsted, 2000).

When questioned about courtesy, several of the Mexican customers expressed that they might tolerate a little discourtesy from doctors due to their authoritative figure and knowledge possessed. This importance of courtesy has been proven more critical to satisfy customers in the restaurant industry. Bitner et al. (1990) determined that for the restaurant, airline, and hotel industries expressions of courtesy or even thoughtfulness would translate into a highly satisfactory or dissatisfactory encounter in the customers' minds. Winsted (1999) found that for Japanese and American customers, courtesy was more important when dealing with a waiter than with a doctor. The reasoning for such finding is

found on the relative perceived status between these two providers because waiters have a significantly lower status than doctors. We expect then that courtesy will be more important in a restaurant than in a medical encounter.

H2: Courtesy will have a greater importance for the Mexican consumers in interactions with waiters than in interactions with doctors.

Friendliness and congeniality

Portraying a friendly or congenial service exchange has been linked to the development of relationships described by customers as friendships (Price and Arnould, 1999) and to the successful improvement of the core product or service (Price et al., 1995). Goodwin and Frame (1989) reported that consumers preferred friendly behaviors from service providers, such as doctors, whose service nature requires a physical contact or that might have a similar or higher social status. However, the results obtained by Winsted (1999) show that what consumers might really want from these high status providers might be more demonstrations of respect. For the American customers, more respect would be in the form of a less friendly environment, and for the Japanese customers in the form of a more formal one. This is further supported by Goodwin and Smith (1990) who suggested that when the status of the service provider is higher than the consumers', such as in the case of a doctor or dentist, the provider should be sensitive and ask how the consumer wishes to be addressed. Focus group participants expressed a greater preference for receiving a friendlier treatment from waiters due to the perceived authority of doctors. Some participants even noted that the atmosphere maintained in some restaurants makes it also more inviting for a friendlier environment than a doctor's office.

H3: Friendliness will have a greater importance for the Mexican consumers ininteractions with waiters than in interactions with doctors.

Promptness and responsiveness

Promptness is an important factor when consumers evaluate service encounters. It was identified as being a major component of the responsiveness dimension of SERVQUAL to measure perceptions of service quality (Parasuraman et al., 1988), where its absence in a service exchange may create dissatisfaction among consumers leading to a negative evaluation of those encounters (Bateson and Langeard, 1982; Solomon et al., 1985; Taylor, 1994). Lovelock (1983) identified that consumers perceived promptness as an element

that they are willing to trade off or exchange in order to receive a personalized attention; a notion that was later supported by Surprenant and Solomon (1987).

It is expected that a lesser concern for promptness in a medical encounter than at a restaurant encounter will be found. Winsted (1999) reported that for the American and Japanese cultures there was a lesser likelihood for customers being offended by extended waits in a doctor setting. In Mexico, customers expressed a greater willingness to wait for a doctor. The Mexican customers perceived that doctors have to assess several factors before being able to give a medical opinion rather than waiters who only have to take their order and try to serve as fast as possible. Such perceptions were noted by Bowen et al. (1999) who described the medical environment as being complex and more unpredictable in nature. Promptness is expected to be more important with waiters due to their lower status and lower complexity of the tasks performed.

H4: Promptness will have a greater importance for the Mexican consumers in interactions with waiters than in interactions with doctors.

Satisfaction for Mexican Consumers

Finally, we expect to determine the relative importance of these behaviors with regards to satisfaction with these industries. Satisfying their customers is critical for both industries because of the link that has been established that firms who actually achieve customer satisfaction also enjoy superior economic returns (Anderson et al., 1994). Additional benefits obtained for firms that satisfy their customers include increased loyalty from present clients, reduced price elasticities, insulation of present clients from competitors, lower cost in future transactions, and an enhanced reputation for the firm or business (Fornell ,1992). It is expected that the behaviors that were proposed to be preferred in the medical and in the restaurant industry would also have an impact in the satisfaction of the Mexican consumer.

H5: The service behaviors of caring, courtesy, friendliness, and promptness will have a direct relationship with satisfaction in interactions with waiters and doctors for the Mexican consumers.

Methodology

The survey instrument used for this study was a structured questionnaire formed of previously established scales from the marketing services literature. The following scales, developed by Winsted (1997), aim to measure the Server

Encounter Behavior: Civility (courtesy), Congeniality (friendliness), Responsiveness (promptness), and Satisfaction with Server. For the service behavior of Caring the Service Quality Empathy scale, developed by Parasuraman et al. (1994), was selected. It was requested that each participant rated the dimensions of service encounters in terms of how important each dimension was to satisfaction with the encounter, first for a restaurant and then for a medical. Responses were on a 5point Likert scale (1 = strong disagreement and 5 = strong agreement). Fieldwork took place in Monterrey, a large northern metropolitan city in Mexico. Prior to the data gathering stage, the survey instrument was translated to Spanish and back translated to English by independent translators to avoid ambiguous or not understandable terms in the Spanish language (Keillor et al., 1996). Each guestionnaire was checked for completeness to be included in the analysis.

The statistical analysis was carried out via structural equation modeling (SEM). SEM was employed to determine whether the proposed dimensions formed the consumers' overall satisfaction. Because a model per industry was reproduced, it allowed us to determine in which industry the selected behavior had a greater relative importance, and to further establish the relative influence of the service behaviors per industry. The data was analyzed using AMOS 4.0.

Results

The sample consisted of 188 responses where 48.4% were male and 51.6% were female respondents. The majority of the sample was between 20 and 29 years old (65.4%) in which their marital status was: 77.7% were single, 17.6% were married, and 4.8 were divorced or widowed. Educationally, the largest group was of those who earned a college degree (78.2%). The next biggest groups were those who completed up to high-school (10.6%) and those who earned a masters degree (8%). There were six individuals (3.2%) who had not completed their high-school education. Regarding restaurant services, most of the respondents (94) indicated that they eat out between two and three times a week accounting for half of the sample size. In regards of medical services, 69.3% indicated having visited their doctor between one and four times within the last year.

The statistical analysis aimed to determine in which industry the selected behavior had a greater relative importance and to further establish the relative influence of the service behaviors per industry. All the alphas were above the minimum recommended of .70 (Nunnally and Bernstein, 1994), indicating the internal consistency of the data and the quality of the instruments used.

A structural equation model per industry was operationalized where the proposed four service behaviors (caring, courtesy, friendliness, and promptness)

lead to satisfaction with the service provider. Both models are identified because they meet the three-measure rule that asserts that a construct with three or more indicators is always identified (Rigdon, 1995). The first model was the one for the restaurant industry. Due to an insignificant path (p<0.05), the service behavior of promptness was removed. After its removal, the model it statistics improved significantly indicating a good model fit: ? = 4.683 (p.096), RMSEA=.079 (Hair et al., 1998). Because of the great likelihood that the chi-square statistic is a product of sample size (Bentler and Bonnett, 1980) additional fit indices that are independent of the sample size are provided. Additional measures indicated the good fit of the model as well (NFI = .983, RFI = .949, IFI = .990, CFI = .990). The path coefficient values retained were as follows: Friendliness = .863, Courtesy = .520, and Caring = .450.

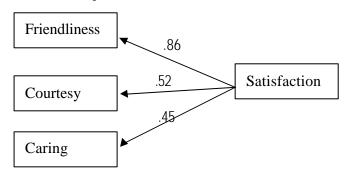


Figure 1. Model for the Restaurant Industry.

The second structural model was for the medical industry. The Chi-square statistic and the RMSEA were within the recommended limits ($?^2 = 4.160$, RMSEA = .050) (Hair et al., 1998). Additional fit statistics reflected a good fit as well (NFI = .992, RFI = .973, IFI = .997, CFI = .997) (Hair et al., 1998). Again, the service behavior of promptness was removed due to its insignificant path and due to its negative effect on the model fit (p<.01). The path coefficient values were: Friendliness = .692, Courtesy = .726, and Caring = .652.

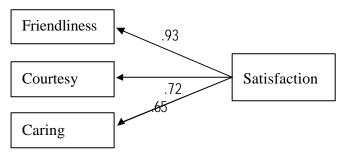


Figure 2. Model for the Medical Industry.

The reliability was also examined by means of determining whether the specified indicators were sufficient in their representativeness of the satisfaction construct. For both models, the restaurant and medical, the computations showed a reliability level above the recommended .70 (Hair et al., 1998).

Finally, a comparison of the path estimates of each structural model was conducted to test the hypotheses. The path estimate for Caring in interactions with doctors (.652) was greater than the one in interactions with waiters (.450). Therefore, H1 was supported. The path estimate of Courtesy in interactions with doctors (.726) was greater than the one in interactions with waiters (.520). H2 was not supported. For Friendliness, the path estimate in interactions with waiters was greater (.863) than when interacting with doctors (.652) providing support for H3. Regarding Promptness, the path estimates for both interactions were non-significant. H4 was not supported. Finally, H5 was partially supported. All but the service behavior of promptness had significant path coefficients in relationship with satisfaction with the server.

Table 1. Results of the structural models.

	Standardized Regression Weights per industry			Hypotheses
	Restaurant	Medical		
Caring (empathy)	.450	.652	1	Supported
Courtesy (civility)	.520	.723	2	Not Supported
Friendliness (congeniality)	.863	.934	3	Supported
Promptness (responsiveness)	.000	01	4	Not Supported
			5	Partially Supported
Statisticsal fit: Restaurant Industry ? ² = 4.683, RMSEA = .079, FI = .983, RFI = .949, IFI = .990, CFI = .990				
Medical Industry ?2 = 4.160, RMSEA = .050, FI = .992, RFI = .973, IFI = .997, CFI = .997				

Discussion

The results imply that the service behaviors of friendliness, courtesy, and caring are in fact important behaviors that the Mexican consumers prefer in both interactions, waiters and doctors, and that lead to a higher satisfaction with the service providers within these industries. The results present some implications that service providers in the medical and restaurant industry need to consider when providing their services in Mexico, and possibly Latin America.

Friendliness is the service behavior that exerts the most influence on satisfaction with the server provider among the Mexican consumers when interacting with the restaurant and medical industries. This shows that regardless of the industry, Mexican consumers and possibly Latin American consumers as well, value friendly behaviors. Such emphasis on congeniality reveals a preference for harmony, where even when interacting with strangers, i.e. waiters, a friendly environment is preferred.

After a friendly behavior, the restaurant and medical settings should aim to offer a service that includes employees displaying courteous and caring attitudes. The Mexican consumer shows a great appreciation for these behaviors, which if placed in a greater perspective, shows a society that values the persona and its well-being, where a harmonious environment is maintained. Employers in these industries can assess whether their offering includes these service behaviors that demonstrated an impact on customer satisfaction. Restaurant and medical services with friendly, courteous, and caring staff will definitively have highly-satisfied customers.

As expected, Mexican consumers showed a greater preference for a caring attitude from doctors than from waiters. However, courtesy that was expected to be preferred when interacting with waiters was preferred in interactions with doctors too. Caring and courtesy are behaviors that show more of a personal relation. This preference shows that the Mexican consumer is in greater need of developing a closer relationship with their doctors. Doctors and medical services in Mexico, and again possibly in Latin America, should include as part of their service, these behaviors which showed to be preferred by the consumer and that positively affected their satisfaction level.

Interestingly, Mexican consumers did not show a significant need for promptness. Promptness was clearly not a factor preferred by the consumers, neither had a significant effect on satisfaction with the service providers. This can be interpreted as showing a society that prefers the service behaviors that are more oriented to the persona rather than to the time factor. Service providers should focus on ensuring that their employees, especially those with a direct

customer interaction, display behaviors of friendliness, courtesy, and caring, which will ultimately please the Mexican consumer. Mexican consumers should not be treated with an impersonal fast service.

Once these behaviors are included as part of the service strategy, service providers will certainly deliver a satisfactory service for their customers. This will lead to achieving success where the link between the service provider and the customer will be strengthened via preferred service behaviors.

Conclusion

It is necessary to determine what the customers' expect when dealing with a service provider. This study is valuable because it provides insights as to what the customers expect from two specific industries in a Mexican cultural setting that has not been previously studied. The findings show that what the consumers expect or want when encountering a medical or restaurant service are the people oriented behaviors of friendliness, courtesy, and caring. From this, a useful platform is built from which future service research may be employed. Practitioners would gain knowledge as to what behaviors they should incorporate as part of their service offering to the Mexican consumers. These industries would know whether friendliness and promptness are critical to the restaurant industry as well as whether authenticity, control, and caring are for the medical industry. Identification of critical behaviors would lead to an overall improvement of the service design for these industries and eventually to more satisfied customers. Furthermore, once knowing which behaviors are critical for each industry has implications for employees' recruitment and training programs as well. Practitioners can focus on hiring employees who exhibit those behavioral characteristics, or employ training programs aimed to enhance those particular employee behaviors, according to their industry.

Future research and limitations

Future research that addresses additional service behaviors would be appropriate and necessary to expand the knowledge about which behaviors have a greater impact in these industries. Additional behaviors such as the adaptability of service providers, assurance, civility, spontaneity, and recovery performance would lead to a greater framework of service behaviors that customers expect in these two industries. However, our study is limited to the behaviors included in this paper. There are also other industries, such as the banking industry, that have not been studied either in an American or in a different cultural setting and which could be assessed in terms of the behaviors explored in this paper. In addition, an

assessment of the role of the pricing strategy on whether customers are willing to trade behaviors that they expect to receive if the service is priced relatively lower in comparison with other providers should be conducted. Future work could address the consumers' willingness to trade off behaviors that they expect for a better price in various cultural settings as well as in different industries.

References

- Alden, D., W. Hoyer, and C. Lee. 1993. Identifying Global and Culture-Specific Dimensions of Humor in Advertising: A Multinational Analysis. Journal of Marketing, 57(April): 64-75.
- Anderson, E., C. Fornell, and D. Lehmann. 1994. Customer Satisfaction, Market Share, and Profitability: Findings From Sweden. Journal of Marketing, 58(July): 53-66.
- Bateson, J. E. G. and E. Langeard. 1982. Consumer Uses of Common Dimensions in the Appraisal of Services. Advances in Consumer Research, 9(1): 173-176.
- Bentler, P. M. and D. G Bonnet 1980. Significance Tests and Goodness-of-fit in the Analysis of covariance structure. Psychological Bulletin, 88(3): 588-606.
- Bitner, M. J. 1992. Evaluating Service Encounters: The Effects of Physical Surroundings and Employee Responses. Journal of Marketing, 54(April): 69-82.
- Bitner, M. J., B. H. Booms, and M. S. Tetreault. 1990. The Service Encounter: Diagnosing Favorable and Unfavorable Incidents. Journal of Marketing, 54(January): 71-84.
- Blodgett, J., K. Wakefield, and J. Barnes. 1995. The Effects of Customer Service on Consumer Complaining Behavior. Journal of Services Marketing, 9(4): 31-42.
- Bowen, D. E., G. W. Stephen, and R. Folger. 1999. HRM and Service Fairness: How Being Fair with Employees Spills Over to Customers. Organizational Dynamics, 27(Winter): 7-23.
- Bowers, M. R. and J. E. Swan. 1994. What Attributes Determine Quality and Satisfaction With Health Care Delivery? Health Care Management Review, 19(Fall): 2-15.
- Brown, S. W., and T. A. Swartz. 1989. A Gap Analysis of Professional Service Quality. Journal of Marketing, 53 (April): 92-98.
- Chandon, J. L., P. I. Leo, and J. Philippe. 1997. Service Encounter Dimensions A Dyadic Perspective. International Journal of Service Industry Management, 8(1): 65-86.
- Czepiel, J. A. 1990. Service Encounters and Service Relationships: Implications for Research. Journal of Business Research, 20: 13-21.
- Fornell, C. 1992. A National Customer Satisfaction Barometer: The Swedish Experience. Journal of Marketing, 55(January): 1-21.
- Goodwin, C. and C. D. Frame. 1989. Social Distance Within the Service Encounter: Does the Consumer Want to be your Friend? Advances in Consumer Research, 16: 64-71.
- Goodwin, C., and K. L. Smith. 1990. Courtesy and Friendliness: Conflicting Goals for the Service Provider? Journal of Services Marketing, 4(Winter): 5-20.
- Gotlieb, J., M. Levy, D. Grewal, and J. Lindsey-Mullikin. 2004. An Examination of Moderators of the Effects of Customers' Evaluation of Employee Courtesy on Attitude Toward the Service Firm. Journal of Applied Social Psychology, 34(April): 825-847.
- INEGI. 1999. Censos Economicos en Mexico. (Economic Census in Mexico), http://www.inegi.gob.mx/est/contenidos/espanol/rutinas/ept.asp?t=econ04&c=1808.
- Lovelock, C. H. 1983 Classifying Services to Gain Strategic Marketing Insights. Journal of Marketing, 47(Summer): 9-20.
- McColl-Kennedy, J. R., and B. A. Sparks. 2003. Application of Fairness Theory to Service Failures and Service Recovery. Journal of Service Research, 5(February): 251-266.

- Mattila, A. S. 1999. The Role of Culture and Purchase Motivation in Service Encounter Evaluations. Journal of Services Marketing, 13(4/5): 376-389.
- Nunnally, J. C., and I. H. Bernstein. 1994. Psychometric Theory, McGraw Hill. N. Y.
- O'Connor, S. J., R. M. Shewchuk, and M. R. Bowers. 1992. A Model of Service Quality Perceptions and Health Care Consumer Behavior. Journal of Hospital Marketing, 6(1): 69-92.
- Oliver, R. L. 1980. A Cognitive Model of the Antecedents and Consequences of Satisfaction Decisions. Journal of Marketing Research, 17(November): 460-469.
- Oliver, R. L. 1999. Whence Consumer Loyalty? Journal of Marketing, 63(October): 33-44.
- O'Malley, J. 2004. The Total Service Experience. Marketing Health Services, 24(Fall): 12-13.
- Parasuraman, A., L. L. Berry, and V. A. Zeithaml. 1991. Understanding Customers Expectations of Service. Sloan Management Review, 32(Spring): 39-48.
- Parasuraman, A., V., A. Zeithaml, and L. L. Berry. 1985. A Conceptual Model of Service Quality and Its Implications for Future Research. Journal of Marketing, 49(Fall): 41-50.
- Parasuraman, A., V. A. Zeithaml, and L. L. Berry. 1988. SERVQUAL: A Multiple Item Scale For Measuring Customer Perceptions of Service Quality. Journal of Retailing, 64(Spring): 12-40
- Price, L. L. and E. J. Arnould. 1999. Commercial Friendships: Service Provider-Client Relationships in Context Journal of Marketing, 63(October): 38-56.
- Price, L. L., E. J. Arnould, and P. Tierney. 1995. Going to Extremes: Managing Service Encounters and Assessing Provider Performance. Journal of Marketing, 59(April): 83-97.
- Rigdon, E. E. 1995. A Necessary and Sufficient Identification Rule for Structural Models Estimated in Practice. Multivariate Behavioral Research, 30(3): 359-383.
- Rust, R. T., A. J. Zahorik, and T. L. Keiningham. 1996. Service Marketing, New York: HarperCollins.
- Schneider, B. J. 1980. "Service Organization: Climate is Crucial. Organizational Dynamics, 9(Autumn): 52-65.
- Scott, G. 2001. Accountability for Service Excellence. Journal of Healthcare Management, 46(May/Jun): 152-155.
- Solomon, M. R., C. F. Surprenant, J. A. Czepiel, and E. G. Gutman. 1985. A Role Theory Perspective on Dyadic Interactions: The Service Encounter. Journal of Marketing, 49(Winter): 99-11.
- Strasser, S., and S. Schweikhart. 1995. Satisfaction with Medical Care. Journal of Health Care Marketing, 15(Fall): 34-43.
- Sundaram, D. S., and C. Webster. 2001. The Role of Nonverbal Communication in Service Encounters. Journal of Personal Selling and Sales Management, 21(Winter): 73.
- Surprenant, C. F., and S. M. R. 1987. Predictability and Personalization in the Service Encounter. Journal of Marketing, 51(April): 86-96.
- Taylor, S. 1994. Waiting for Service: The Relationship Between Delays and Evaluation of Service. Journal of Marketing, 58(April): 56-69.
- Tsai, W. C. 2001. Determinants and Consequences of employee Displayed Positive Emotions. Journal of Management, 27(4): 497-512.
- Verma, H. V. 2003. Customer Outrage and Delight. Journal of Services Research, 3(Apr-Sep): 119-133.
- Winsted, K. F. 1997. The Service Experience In Two Cultures: A Behavioral Perspective. Journal of Retailing, 73(Fall): 337-360.
- Winsted, K. F. 1999. Evaluating Service Encounters: A Cross-Cultural and Cross-Industry Exploration. Journal of Marketing Theory and Practice, 7(Spring): 106-122.

- Winsted, K. F. 2000. Service Behaviors That Lead to Satisfied Customers. European Journal of Marketing, 34(3/4): 399-417.

 Zeithaml, V. A. 1981. How Consumer Evaluation Processes Differ Between Goods and Services In: K. F. Winsted (ed.), Evaluating Service Encounters: A Cross-Cultural and Cross-Industry Exploration. Journal of Marketing Theory and Practice, 7(Spring): 106-122.