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## An Exploratory Study Of Customer Vulnerability: A Cross-segment Approach

Taryn Aiello  
*University of Central Florida*

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AN EXPLORATORY STUDY OF CUSTOMER VULNERABILITY: A CROSS-SEGMENT  
APPROACH

by

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A dissertation submitted in partial fulfillment of the requirements  
for the degree Doctor of Philosophy  
in the Department of Educational Research, Technology, and Leadership  
in the College of Education  
at the University of Central Florida  
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2013

Major Professor: Denver E. Severt

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## **ABSTRACT**

The purpose of this study is to explore the concept of customer vulnerability across varying service industries. While the concept of customer vulnerability has been debated in business, marketing, sociology, and psychology scholarly literature, there has been little research conducted that specifically investigates consumers' perceptions of vulnerability during the service exchange. Specific to this research, customer vulnerability is defined as experiences in which consumers participate in a service exchange with a firm during a time of individual or shared medical, physical, emotional, or spiritual necessity, whether the vulnerability is experienced during the course of the transaction or whether consumers arrive to the firm already immersed in that state. Customer vulnerability is an important concept for research, as the exchanges between service providers and consumers during a time of vulnerability are heightened in emotion and memory. As a result, these exchanges lend themselves to be more likely to become transformative experiences, in that the provider and recipient may be left emotionally, intellectually, and spiritually changed as a result. Therefore, additional focus is needed in this area to understand transformative experiences in service as a result of exchanges between service providers and customers.

The explorative study first conducts a critical literature review across disciplines regarding scales that have been used and are considered by the researcher to be important constructs of analysis when exploring vulnerable service encounters. Next, a qualitative investigation of consumer forums is conducted in the air travel, banking, and assisted living industries, which resulted in the finding that similar behavioral attributes within industry, but

different behavioral attributes between industries, were needed to cater to consumers experiencing vulnerability. The study is followed by a quantitative investigation of vulnerable service experiences through an application of the identified scales combined with the results of the qualitative investigation across the same three industries. Exploratory factor analysis revealed that two industries' results loaded onto two factors; however, each industry's factors differed due to the nature of that industry. The air travel factors were entitled task humanism and task functionality. The banking factors were entitled maintenance functionality and maintenance humanism. A third factor was revealed within the assisted living facility segment entitled hospitable humanism, along with factors of personal humanism and personal functionality. The study concludes by presenting a discussion of the findings and practical implications for service industry managers, a presentation of the study limitations, and suggestions for future research.

Never red skies;  
Always dreaming blue.

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## CHAPTER ONE: INTRODUCTION

Customer segments vary widely across typology, expectations, and the types of products and services they seek in order to fulfill their daily lives. As a result, organizations can rarely satisfy specific needs of every type of customer in the same manner (Gronroos, 1990). Service businesses consequently tailor their offerings to a homogenous population that they wish to attract. In some situations, consumers may feel vulnerable during a service encounter, such as when travel arrangements fail or when inaccurate financial processes impact a person's immediate bank funds. In other situations, such is the case with assisted living facilities, consumers are experiencing situations in which they must seek the assistance of service businesses out of absolute necessity, and not because they actually want or choose to consume the service. Customer vulnerability is defined in this research as experiences in which consumers participate in a service exchange with a firm during a time of individual or shared physical, emotional, financial, social, or spiritual necessity. This feeling of vulnerability may occur during or as a result of a service exchange, or may involve a consumer arriving to the firm already immersed in that state. It assumes that these customers must give up some aspect of personal control in receiving the rendered service, that is, the service in of itself is a necessity to the customer. It is important to note that customers experiencing vulnerability are not necessarily classified as "customers" solely through the exchange of monies, as not all service encounters occur as a result of monetary interchange between two parties, such as the service rendered to the homeless. It does, however, require that an interpersonal exchange of emotions or behaviors bestowed upon an individual or party that cannot satisfy the basic needs of survival on their own.

One of the most salient examples of customer vulnerability can be seen every day within any hospital or healthcare environment. Patients enter a very unfamiliar and sterile environment seeking medical care during an emergency (Randall & Senior, 1994). They are stripped of their clothing by strangers, asked to disclose the most personal details about their life and bodies, and often left alone in an empty room during a time when they feel afraid, anxious, stressed, and frustrated about their medical condition. Due to public display of satisfaction results and increased competition among regional facilities, hospitals are just starting to realize the competitive advantage that comes forth from hiring employees that display service-minded attitudes and behaviors (Harrington & Trusko, 2005). Unfortunately, at many hospitals within the United States, there still remains an inconsistency as to whether a patient will encounter a health system that is truly sensitive to the situation the patient is in without seeing the patient as a room or case number. Because patients are left completely dependent upon the staff that is assigned to them, this creates an atmosphere of vulnerability that, without the proper attention and air of sensitivity, can leave a patient's emotional well-being depleted (Aiello, Severt, Rompf, & Breiter, 2010; Randall & Senior, 1994; Severt, Aiello, Elswick, & Cyr, 2008).

With regards as to how customer vulnerability fits into an overall community of people, it is necessary to explore the topic of transformative service, a term pioneered by Ostrum et al. (2010) in their publication on continuing research streams within the realm of services marketing and management. Transformative service has been broadly defined as service that is generated to an overall community of individuals, resulting in social, ecological, and emotional implications across a wide range of populations. It has also been identified to be non-specific to the context of the service provider-customer relationship, as not every interaction between two parties is resultant in a transactional exchange of monies. As such, Ostrum et al. put specific emphasis on

transformative service having particular impacts on individuals identified as being part of a vulnerable population. These individuals are classified by having a dependency on another individual, group, or business for some basic need of necessity—whether that stem from a physical, emotional, spiritual, or financial perspective. The authors did not identify, however, exactly how certain service exchanges have the potential to transform or impact an individual emotionally, intellectually, or spiritually as a result. Therefore, because very little research has been conducted on this topic, initial research is needed in this area to understand these types of populations and the providers that bestow some type transformative service experience upon them. As a first step, the concept of customer vulnerability needs to be explored further.

From a managerial standpoint, organizations should be encouraging the correct service attitudes and behaviors to deal with emotionally heightened service encounters in order to ensure that customers feeling vulnerable are welcomed, comfortable, and safe and feel as though they are acting as a partner in the anticipated outcome of their personal situation. Due to the sensitivity of certain service exchanges, are there different approaches towards service? Are certain industries more susceptible to dealing with customer vulnerability? What behaviors or attitudes are required to serve these individuals? How can organizations that commonly deal with these types of situations ensure that they are acting in the right manner to properly assist their customers?

### **Purpose**

The purpose of this study is to explore the concept of customer vulnerability across varying service industries. There is a wide range of situations that may classify the vulnerability

of individual or groups of customers, and therefore, an exchange with a service provider can potentially heighten feelings of vulnerability. This study specifically uses the setting of service businesses that places customers in a situation in which they relinquish complete control to the provider, whether it be medically, financially, emotionally, physically, or spiritually. Therefore, the current research concentrates on experiences of vulnerability. Currently within the service literature, there is little research on customer vulnerability or how feelings of vulnerability in service experiences may differ from a typical business exchange between a customer and a firm. Particularly, the humanistic behaviors that are present during an exchange with a vulnerable customer may be more evident than what previous service researchers have determined as emotional aspects of service quality (i.e. assurance, responsiveness, and empathy) (Zeithaml, Parasuraman, & Berry 1990). This research adds to the current service body of knowledge by identifying and exploring perceptions regarding the underlying factors and humanistic behaviors that are relevant to the appropriate treatment of a particular classification of customer, in this case, the vulnerability experienced by customers across three service industry segments.

### **Significance**

This study provides a contribution concerning the perceptions of customers on varying scales of humanism and service when recalling a particular service experience in which they felt a sense of vulnerability. Because these experiences are unique in that they experience a wide range of emotions dealing with the highly personal and sensitive aspect of the service exchange, the experience of service in itself may be particularly heightened. Therefore, the interpersonal connection between the service provider and the customer may require additional sensitivity

towards the service provided for the type of organization. The current research will be helpful for organizations that commonly encounter customer vulnerability to identify the necessary attitudes and behaviors that are needed to properly serve the individuals' emotional needs and detail whether the perceptions may differ across industry segments. Because some organizations only serve customers in heightened emotional states, they should be aware of how their service exchanges can stigmatize their business, or quite possibly, their entire industry.

### **Theoretical Underpinnings**

In understanding customer vulnerability and whether service encounters experienced exhibit different characteristics than generalized service populations, it should first be noted how customers generally perceive the quality of service received. Zeithaml, Parasuraman, and Berry (1990) identified five dimensions in which service quality is measured across a wide range of service sectors: tangibles, reliability, responsiveness, assurance, and empathy. However, what has not been defined is whether perceived service differs across the type of customer or types of emotions that are related to the type of service encounter. Specifically in the context of vulnerability, Bendapudi et al. (2006) found that patients perceive ideal physician behaviors to be confident, empathetic, humane, personal, forthright, respectful, and thorough. However, this study was conducted through qualitative research with patients. It does not lend to further theory building, as it is not generalizable to all vulnerable customers that interact with service providers, nor does it take into account the overall service experience or outcomes that come forth from these interactions. For this reason, a cross-industry study of customer perceptions investigating consumer reports of feeling vulnerable during service experiences is warranted.



## **Theoretical Contribution**

In addressing the current research problem, the researcher will be investigating topics in the scholarly literature related to the topic of vulnerability in consumerism. Due to the fact that, to date, Ostrum et al. (2010) have only published an introductory piece that has mentioned transformative service as a type of innovation in services marketing and management, the theoretical soundness of the term “transformative service” lacks definitive soundness. In an effort to contribute to the growth of transformative service, customer vulnerability is under investigated, thus the current research can be considered as exploratory. Exploratory research is often conducted on a given topic for the first time, and it is helpful to employ a mixed methods design to capture both rich and rigid aspects of data collection. The combination of these methods will be used to explore industry segments that are susceptible to customer vulnerability and to understand how service providers should be dealing with these individuals.

## **Proposed Methodology**

A mixed methodology was deemed appropriate for the current research in order to properly understand customer vulnerabilities from an industrial context and to then explore the literature surrounding types of behaviors and attitudes needed by service providers to cater to those vulnerabilities. Because mixed methodologies combine both qualitative and quantitative aspects in the research, this will produce more explicit and likely complex results that both explore and explain the research problem (Creswell, 2003).

The first portion of the study will feature a qualitative content analysis. As a first step, the researcher will analyze approximately online consumer entries across three industry forum websites. The postings will be analyzed through qualitative coding to reveal themes in positive and negative service behaviors revealed industrial service experiences in addition to those that specifically cater to those who are vulnerable. This helps the researcher to gain a preliminary understanding of customer perceptions of service exchanges in which they felt vulnerable across three different segments of the service industry.

In the second portion of the study, the confirmed themes revealed from the study's literature review and qualitative analysis will then be used to create a questionnaire. The questionnaire will be distributed to specific industrial consumers in order to capture their perceptions of service provider behavior when experiencing vulnerability during a service exchange.

The results will be analyzed in SPSS statistical analysis software using descriptive statistics and exploratory factor analysis to identify the perceptions of the ideal behaviors and attitudes that are needed by service providers that cater to vulnerable populations. The results will also determine whether these behaviors reduce to a specific group of identifiable factors, and whether those factors vary by industry segment. These factors can then be used in future studies to measure behaviors and attitudes of employees towards certain vulnerable populations, eventually creating established scaled items for testing in related service industries.

### **Anticipated Limitations**

Because the study will be using industrial contexts identified by the scholarly literature and validated by online user postings on consumer forums of specific industries, there may be other contexts of customer vulnerability that would otherwise be identified by individuals that frequent different industries. This would provide the research with results that are more generalizable to the overall population of vulnerable service contexts. In addition, there is a wide range of interactions between vulnerable customers and service providers that occur behind closed doors that could not be accessed by the researcher. Additional access and research needs to be conducted that would give an explicit look at customer vulnerabilities given the sensitive nature of their private interactions.

Also, because the survey instrument will be developed from current literature and the results of the qualitative portion of the study, the relevancy of the themes that come forth are at the sole discretion of the researcher and some bias may occur between what is perceived to be important by the researcher and what is actually important to customers who are experiencing vulnerability. In addition, the sample size of participants in the quantitative portion of the study may not be fully representative of all consumers.

Finally, the term “customer vulnerability” and its measurability has previously debated within business, marketing, nursing, and sociological literature; at this time, no definition has been universally agreed upon as it relates to the current research question. Because of this, the legitimacy of the term and customers it classifies has not been empirically explored. Therefore, there may be some question as to what specifically defines customer vulnerability throughout a variety of contexts. Additionally, the customer may not identify their own vulnerability and may

not personally class themselves as vulnerable, if questioned. Again, that leaves the interpretation of vulnerability up to the researcher, even though the customer may identify with the emotions that constitute being vulnerable. Vulnerability is an extremely subjective construct, therefore the range of emotions experienced by different consumers in different contexts may greatly vary. Though debate exists, this research deems the topic vital of study and attempts measurement given the suspected impact that vulnerability may have on the assessment of service exchanges.

## **Summary**

This chapter introduced the topic of customer vulnerability and outlined the necessary steps that will be taken by the researcher in conducting the research study. First, the chapter introduced the topic of customer vulnerability and transformative service experiences and how they can impact customers that may be experiencing a wide range of emotions. Then, the chapter described the purpose and significance of the study. In order to support the need for this research, this chapter then described the theoretical underpinnings and the theoretical contribution that this research would serve to the service management body of knowledge. Proposed methodology was also included in order to briefly describe how the study will be conducted. Finally, this chapter included possible limitations that may be apparent and the anticipated findings that the researcher expects to come forth from this study.

## Definition of terms

*Advocacy*- Deals with giving individualized attention and care to an individual in a time of need; also involves the safeguarding of a customer's autonomy and acting on behalf of that customer if they cannot troubleshoot an issue themselves (Bu & Jezewski, 2007).

*Compassion*- A human emotion prompted by the pain of others. More vigorous than empathy, the feeling commonly gives rise to an active desire to alleviate another's suffering (Rosenthal, 1972).

*Customer vulnerability*- Consumers who participate in a service exchange with a firm during a time of individual or shared medical, physical, financial, emotional, or spiritual need.

*Empathy*- The emotion felt by an observer in which they feel an active attempt to not only feel what another is going through, but to reach out in some fashion through deliberate intellectual effort (Davis, 1996).

*Hospitality*- A comfortable environment for guests in the form of a welcoming and warm feeling that comes as a result of the commitment formed between a host and guest relationship (Brotherton, 1999).

*Humanistic behavior*- A psychological mission of equal freedom and autonomy for all human beings through the awareness of the well-being of mind, body, and spirit (Criswell, 2003).

*Mutuality*- A partnership formed as a result of a customer and provider working together in a genuine relationship (Titchen, 2001)

*Service encounter*- An activity or series of activities of more or less intangible nature that normally take place in interactions between the customer and service employees that are provided as solutions to customer problems (Gronroos, 1990).

*Social justice*- A process used to ensure that every individual has an equal opportunity to be a contributing member of society and have access to quality resources. Within groups, it requires that all members have opportunities to be heard and afforded the chance to explore how social, political, and economic barriers impede on their lives (Ratts, Anthony, and Santos, 2010).

*Transformative service*- Service that is generated to an overall community of individuals, resulting in social, ecological, and emotional implications across a wide range of populations (Ostrum et al. 2010)

## **CHAPTER TWO: REVIEW OF RELATED LITERATURE**

This review of literature begins by first exploring the current classifications of service, which are organized by types of services and types of customers discussed in the past business and marketing literature streams. The literature review then touches upon the topic of transformative service research; although this is a new topic in services marketing and management, transformative processes in communities and businesses have been studied in other fields, such as sociology, education, and health services. Next, the topic of vulnerable populations will be explored from a range of perspectives including social justice, interactional justice, and types of customer vulnerabilities that have been researched within marketing, economics, sociology, nursing, health services, and psychology research streams. Finally, this review of literature will explore current behaviors and attitudes that have been studied in regards to serving or treating patients or individuals that are specifically in a vulnerable or at-risk situation. Relevant literature touches upon research in the fields of nursing, counseling psychology, pastoral services, and social work.

### **Service Classifications**

Because customers vary greatly in needs, it is nearly impossible for any single organization to be to identify exactly what types of services are desired by classifications of customers. In stating this, it is also nearly impossible to identify and segment customers based upon individualistic attributes. Therefore, a wide range of authors has attempted to address the classification of services and customer typologies within the literature of services marketing and

management. While no definitive classification structure has been deemed as superior over others, an investigation of these types of service classifications can help researchers understand how to further classify the increasing demands of customer segments.

One of the first classifications of services was developed by Judd (1964). Services were then classified as owned goods services, rented goods services, and non-good services, as applicable to product consumption in marketing. Rathmell (1974) also attempted a classification of services within the mid-1970s marketing literature, identifying service segments by the type of buyer, the type of seller, the buyer's motive, the buyer process, and regulation over the purchase process. However, neither Judd (1964) nor Rathmell (1974) identified the distinction between goods and services, a revolution in services marketing that was pioneered by Johnson (1969) in his doctoral dissertation and later elaborated on by Shostack (1977).

In realizing that goods and services could be conceptualized quite differently, Hill (1977) classified services based upon the natures that represent a service—is the service provided to a person or a good? Is the service permanent or temporary? What mental effects versus what physical effects does the service have on the customer? Is the service bestowed upon an individual or a collective group? And finally, is the effect of the service reversible or irreversible?

Steering away from the inclusion of any tangible goods being involved within the service consumption process, Chase (1981) classified services as being either high contact (such as in healthcare and restaurants) or low contact (such as postal services and technical engineering). Swan and Pruden (1977) similarly classified services based upon the interaction that consumers have with the service provider; whereas instrumental service represented a means to some end, such as the consumer is interested in minimizing the cost through money, travel, or time,



expressive service is consumed as a means to an end in itself, in that once the service is consumed, it is fully perishable.

Evolving into one of the first classification systems to explain the variance in employee behaviors and attitudes across different types of service encounters, Mills and Marguiles (1980) identified three interactive classifications of service that constitute how employees treat customers based upon the nature of service: maintenance-interactive, which is commonly found in settings such as banking which does not require the service provider to display behaviors that extend beyond basic politeness; task-interactive, which involves customers not really knowing how to solve a specific problem, so they must be dependent upon a service provider that possesses such expertise; and personal-interactive, which requires some aspect of interpersonal disclosure through relationship building. Gwinner, Gremler, and Bitner (1998) also classified services based upon employee interactions, investigating benefits to customers as a result of relational exchanges. These exchanges come in the form of three different aspects—confidence, social perceptions, and special treatment. Confidence refers to whether customers have a reduced sense of anxiety with the service exchange, faith in the trustworthiness of the provider, reduced perceptions of risk, and know what to expect in the service exchange. This has also been identified as the most important factor between employee and customer service exchanges. Social perceptions from the customer refer to the level of personal recognition by employees, familiarity with employees, and the development of feelings of friendship with service providers. Finally, special treatment was found to be the least important factor, in that it refers to the customer's potential of getting an occasional price break or special service. Special treatment has been identified by the authors as being much less in importance in comparison to the formation of relationships with service providers.

Lovelock (1983) developed a conceptual framework that was used to classify services through identifying key characteristics of service. 1) What is the nature of the service? 2) What type of relationship is formed in consuming the service? 3) What kind of customization or judgment is utilized with the service? 4) What is the realm of supply and demand for the service? and 5) How is the service delivered? Through a set of context specific matrices, Lovelock (1983) showcased how researchers could easily classify types of services based upon these five categories. Further, Lovelock and Wirtz (2004) later classified services based upon the nature of the service act in comparison with the direct recipient of the services (i.e. services directed at people's bodies, services directed at physical possessions, services directed at people's minds, and services directed at intangible assets).

Utilizing Chase's (1981) classification of services based upon high or low contact with customers, Schmenner (1986) developed a classification scheme based upon a continuum that measured the level of contact with the customer (high vs. low) in a matrix format against the amount of labor required in providing the service (high vs. low). His classifications included service factories (low contact, low labor), service shops (high contact, low labor), mass services (low contact, high labor), and professional services (high contact, high labor). This was later adapted by Silvestro et al. (1992), which excluded the categorization of service factories from their conceptualization and emphasized how customer perceptions of service can influence how they should be classified. The classification of service factories was in fact included by Shafiq et al. (2007), who chose to ignore Silvestro et al.'s (1992) suggestion and used Schmenner's (1986) original service classification matrix in its entirety to explain managerial strategies and operations in productivity management in organizations by type of service task.

While several different characteristics and classifications of service have been investigated in the past literature, little research exists that classifies service based upon the type of customer receiving the service and the emotional aspects associated with given types of service. At this time, the closest depiction of service based upon social and emotional aspects of a population can be found in call for further transformative service research made by Ostrum et al. (2010).

### **Transformative Service Research**

As service theory continues to develop, one of the recently developed topics in service research focuses on the concept of transformative service. Transformative service was identified by Ostrum et al. (2010) as service research that involves creating uplifting changes and improvements in the well-being of both individuals and the community. It seeks to better the quality of life of present and future generations of consumers and citizens through the awareness of service. This is achieved through an emphasis on personal needs, in where states or conditions essential to physical and psychological well-being of consumers shape the service experience (Zeithaml et al., 1990). Currently, through a scan of the extant service literature, there is little conceptual or empirical work that has been conducted on this topic. Current studies that have been conducted include those on the impact of volunteer tourism on transformative learning (Coghlan & Gooch, 2011) and the humanistic approach towards tourism for older populations (Sedgley, Pritchard, & Morgan, 2011).

Transformative service investigates the social and ecological consequences and benefits of service offerings, increased access to valued services, disparity in the quality of service offerings to different groups, and the identification of and planning for the impact of services on well-being and sustainability. This involves improving consumer and societal welfare through service. Aspects that are of particular note to transformative service include enhancing access, quality, and productivity in healthcare and education; delivering service in a sustainable manner (i.e. one that preserves health, society, and the environment); democratizing public services for the benefit of consumers and society; and driving service innovation at the base of a service design pyramid (Ostrum et al. 2010). It is largely associated with a highly customizable customer experience (e.g. Pine & Gilmore, 1998), but does not necessarily require a financial transaction.

Service research, as indicated by the authors, is especially positioned for this for at least four reasons. First, services are consumer centric in that they are experiential and co-created. Second, service consumers are often vulnerable, lacking control and agency. Third, consumers are disadvantaged, in terms of expertise and knowledge needed to make decisions regarding services that bring consumer, community, and ecological welfare. Finally, services are pervasive and operate, and are embedded in social ecology that affects both individual and collective well-being. Therefore, the authors urge service researchers to focus on service outcomes that concentrate on well-being, equity, social justice, human capabilities and development, ecological stability, social ecology, consumer resource development, literacy, consumer freedoms and/or controls, social networks and support, happiness, and the mitigation of consumer vulnerability.

Transformative research mainly deals with the concept of the experience, and how that experience impacts the individual receiving the service both in a variety of personal and emotional ways. According to Pine and Gilmore (1998), experiences have historically been

categorized with services, however they are as different as services as services are from goods. They are increasingly commoditized, and therefore bring an extra element of economic value to the customer. Because many service-oriented businesses (such as hospitality firms) concentrate on the customer experience, customers are willing to pay a premium in order to have a certain experience. In order to be effective, these experiences must be created by imagining the particular emotional impact the interaction with the company will have on the customer (Pine & Gilmore, 1999). This creates an impression on customers that remains engrained in their minds and develops an expectation for others.

However, the realm of transformative services in many social and/or community services is structured in a much different way. Because many community services are a necessity to customers (i.e. healthcare, education, and governmental agencies), there is much to be desired in terms of awareness of transformative service. While vulnerable customers can be found across all industries and services that involve the exchange of customer income for goods and services, transformative service research focuses on the social and emotional aspect of service to a society. With an increased focus on transformative services through awareness of how service provider behaviors may impact a customer or population, this in turn will facilitate the transformation from service to vulnerable populations into experiences.

Research in transformative processes has been consistently mentioned in literature streams outside of services marketing. From a sociological perspective, issues in community empowerment and transformation have been addressed in regards to community residents and/or members that feel detached, alienated, and out of control. Specifically, Evans, Hanlin, and Prilleltrensky (2007) described these residents as not feeling a sense of connectedness in terms of receiving social services or interacting with health, human, education, and community service

workers. According to the researchers, although the limitations of person-centered interventions in community services have been widely criticized in scholarly literature, the transition towards community-wide efforts to create a “feeling” of community have been slow coming (Albee, 1998; Smedley & Syme 2000; Stokols 2000). Vulnerability is closely related to issues of self-identity and transformation, as consumers tend to have a strong desire for control over all aspects of their lives. When experiencing a consumption experience that lacks personal control, they, or others, may view themselves as weak, incompetent, and less than human (Baker, Gentry, & Rittenburg, 2005).

### **Customer Risk**

As a vulnerable customer, the stakes for receiving a necessary service will always be higher than for those who are simply engaging in a typical transactional-based service exchange. As such, perceptions of risk continue to play a role customers experiencing vulnerability as they would with a normal customer. According to Giddens (1994) risks develop in society as individualization undermines trust in institutions that are expected to be known for being reliable and dependable to their communities. These institutions and conventions are weakened as they become further exposed as flawed or biased. Therefore, mistrust in community organizations has heightened risk in patronizing them, also declining trust within interpersonal interactions through the loss of a sense of obligation and reciprocity (Cebulla, 2007).

Stemming from a purely economic perspective, Bauer (1960) defined perceptions of risk as perceived dangers and/or uncertainty during and after purchase. It suggests that consumers are

unable to foresee the results of a purchase decision, and therefore, the uncertain situation means the existence of some degree of risk. Several authors have attempted to classify risk into different typologies, with variations including those risk classifications of financial, functional, physical, psychological, social, sensorial, temporal/time, performance, and security (Cox & Rich, 1967; Demirdogen, Yaprakli, Yilmaz, & Husain, 2010; Jacoby & Kaplan, 1972; Johnson, Garbarino, & Sivasas, 2008; Little & Melanthiou, 2006; Mitchell & Greatorex, 1993; Roselius, 1971; Stone & Mason, 1995). According to Chang and Hsiao (2008), the most generally accepted dimensions of risk include functional, financial, psychological, social, and temporal. Furthermore, Sweeney, Soutar, and Johnson (1999) further simplified the concept of risk by suggesting that various types of risk may load on two factors: a combined performance/financial/time risk factor and a psychological/social risk factor.

Perceived risks within services are related to the four most frequently cited characteristics of services as identified by Parasuraman, Zeithaml, and Berry (1985)—*intangibility*, *heterogeneity*, *inseparability*, and *perishability*. As related to risk, *intangibility* in services makes it difficult, and often impossible, to evaluate a service before, during, and after purchase. A consumer has limited physical evidence and memory tends to serve as the only source of evidence. Due to this, the chance of a consumer will experience something that he or she finds less than satisfactory is multiplied. *Heterogeneity* relates to the idea that a service is always subject to some variation in performance. As such, developing realistic standards of performance is quite difficult. *Inseparability* means that the consumer is involved with the purchase on a personal basis and must usually be present when it is being purchased and/or consumed. *Perishability* can cause unsatisfactory service due to under-staffing and over-demand, moreso in busy periods. This can impact the perceived quality of service that a customer may perceive that

they are receiving. It should also be noted that while perishability accounts for variations caused by the time of the transaction, heterogeneity is related to variations within the transaction process (Mitchell & Grottel, 1993). The relevancy of these characteristics has been debated in terms of application to modern services (e.g. Lovelock & Gummesson, 2004), however they remain generally accepted within the marketing and services literature.

Risk perceptions have a definitive impact on consumer choice processes, especially when taking into consideration the emotional state of each individual consumer. An individual's evaluation of his own abilities and impressions of how others feel towards him affect the choices he tends to make within the consumer marketplace (Dash, Schiffman, & Berenson, 1976). Cunningham (1967) identified two risk components—uncertainty and consequences. Uncertainty refers to the probability that an event will occur, while consequences relate to the cost to the consumer should the event actually occur. However, taking into consideration the aspect of individual emotions, Dash et al. (1976) argued for three risk components—self-confidence, perceived product risk, and product importance. The authors found that for specialized retail services, consumers tended to be more self-confident, perceived less risk, and perceived the service to be of greater importance than similar services in a large department store.

Generally, consumers' perceptions of risk are reduced through extensive research or by being loyal to certain brands, products, and stores (Beatty & Smith, 1987; Howard, 1965; MacIntosh, 2002; Mitchell & Grottel, 1993). Customers that engage in strong interpersonal relationships were found to have the highest perceptions of category risk (perceived risk with a product or service category) and lowest specific risk (risk associated with a brand or provider) (MacIntosh, 2002). Therefore, it is suggested that the development of interpersonal relationships in services play an important role in reducing perceived risks by consumers. Research has also



found (e.g. Bendapudi & Berry, 1997; Sheth & Parvatiyar, 1995) that customers who seek interpersonal relationships with institutions may see the service category as risky, but that risk can be greatly reduced by interacting with a service provider in which they have confidence. While interpersonal and person-to-firm relationships share commonalities, differences exist in these relationships. Primarily, interpersonal relationships held within in businesses that connect consumers with service providers tend to be longer, more intense, and closer than person-to-firm relationships (Iacobucci & Ostrum, 1996). Therefore, when serving vulnerable populations that are already at risk due to the emotional circumstances, the development of interpersonal relationships between service providers and customers may prove to be beneficial.

### **Vulnerable populations**

While the impact of transformative service on vulnerable populations is a new topic in service research, the topic of the vulnerable customer has been a topic of exploration for the past three decades. As indicated by Csikszentmihalyi (1978), scholarly explorations of customer vulnerability across literature streams typically address a lack of personal control as a principal component of the experience of vulnerability. When consumers are engaged in behaviors that they have actively chosen to engage in, their behaviors and attitudes are both voluntary and under their control. However, when consumers are lacking control over their attention, behavior, or emotions, then their responses become aversive, slip out of control, and contribute to the experience of vulnerability (Csikszentmihalyi, 1978). The concept of customer vulnerability, therefore, becomes a “unifying label” for a variety of studies focused on social consequences of

consumption for different populations in a wide range of contexts (Baker et al., 2005; Morgan, Shuler, & Stoltman 1995).

How the vulnerable customer should be conceptualized, however, has widely debated in a variety of contexts. According to Baker et al. (2005, p. 134), “actual vulnerability arises from the interaction of various states, individual characteristics, and external conditions within a context where consumption goals may be hindered and the experience affects persona and social perceptions of self.” This idea focuses on the *experience* of vulnerability, and does not exactly say *who* is vulnerable because everyone has the potential to be. The authors argue against classifying entire populations of people as vulnerable, as that generalizes individuals into a membership category that may not always be considered vulnerable in every consumption context and may lead to feelings of stigma and anxiety (e.g. classifying elderly people as vulnerable without considering their economic, social, and emotional needs) (Baker et al. 2005; Commuri & Ekici, 2008). However, other authors have viewed customer vulnerability from a wider, more sociological view, indicating that an inclusive view of vulnerability is needed to recognize that certain classes of consumers may be more vulnerable than others, and may also experience it differently at various stages of the consumption process (Aday 2001; Andreasen, 1975, 1976; Commuri & Ekici, 2008; Garrett & Toumanoff, 2010; Marlowe & Atilas, 2005; Mechanic & Tanner, 2007; Pacquiao, 2008). Due to the fact that any consumer can be deemed vulnerable regardless of their social background, it is important for service providers to identify that individual disparities do exist and learn to serve these individuals appropriately.

## **Social Justice**

Service professions, especially those that deal with greater populations of at-risk individuals, should take a leadership position in serving customers regardless of their individual social, demographic, or economic situations in order to lessen the stigma of any social or economic stigma (Dysert-Gale, 2010; Zakour & Harrell, 2003). According to Pacquiao, (2008), social justice involves doing what is best for an individual or group based upon their needs and the fundamental principle that human beings have inalienable rights. It also implies that because of certain scenarios that increase risks to an individual or group, therefore compromising their capacity to self-advocate, the actions of service professionals should be both non-malevolent and beneficiary. The universal impetus for such social justice advocacy is through empathy and compassion, and helps to alleviate the stress of vulnerable individuals' dependency on others through transforming people, organizations, and communities (Dysert-Gale 2010; Pacquiao 2008).

## **Interactional Justice**

Interactional justice occurs as a result of the interpersonal portion of any given transaction and has been defined as the quality of the interaction between two parties when one is reliant upon the other (Bies & Moag, 1986; Greenberg, 1990). It is essentially the intangible aspect of a service encounter that is composed of a customers' fairness judgments related to attributes of politeness, empathy, effort, explanation, honesty, and attitude (Bitner, Booms, & Tetreault, 1990; Clemmer, 1988; Goodwin & Ross, 1989; Hocutt, Chakraborty, & Mowen, 1997; Folkes, 1984; Mohr & Bitner, 1995; Parasuraman, Zeithmal, & Berry, 1988) and has been shown

to affect the quality of overall service delivery (Grant, Shani, & Krishnan, 1994). While interactional justice is typically associated with the safeguarding of the customer during service recovery efforts (e.g. Bitner et al., 1990), when investigating humanistic behaviors, efforts of interactional justice on behalf of the vulnerable customer should be of importance in assessing the quality of service rendered. Three of the seminal service quality attributes (empathy, assurance, and responsiveness) as identified by Parasuraman et al. (1985) are founded within the interactional justice attributes (Hocutt et al. 1997; Severt 2002) and can be applied to a wide range of customer interactions.

### **Types of Vulnerabilities**

Through an extensive investigation of cross-industrial scholarly literature, it is evident that research on vulnerable populations can be segmented into four broad classifications—physical, economic, social, and psychological (see Table 1). While the typology of a vulnerable individual should not matter during the service exchange, it is important to understand how a wide range of individuals can potentially be classified as such. In addition, when dealing with a business organization, it is imperative to note that the majority of vulnerable customers, may merely be classified as psychologically vulnerable if feelings of unfairness or a lack of control in the situation tend to occur.

Table 1: Classification of Literature Streams on Customer Vulnerability

<b>Type of Vulnerability</b>	<b>Related Issues</b>	<b>Key Authors</b>
Physical Vulnerability	Pain, illness, disease, disability, addiction, death	Bendapudi et al., 2006; Berry & Bendapudi, 2007; O'Connell, 2008
Economic Vulnerability	Lack of education, literacy, technology ability to properly navigate the marketplace; lack of basic financial knowledge to properly contribute to the marketplace as a consumer; Ignorance of branding and/or media influence; Perceived risk in complaining behavior	Andreasen, 1975, 1976; Andreasen & Manning, 1990; Barnhill, 1972; Commuri & Ekici, 2008; Garrett & Toumanoff, 2010; Halstead et al., 2007; Hill, 2002, 2005; Hogg et al., 2007; Marlow & Atilas, 2005; Ringold, 2005; Viswanathan et al., 2005
Social Vulnerability	Aging population, socio-economic status, race, proximity restraints, sexual orientation, natural disaster, homelessness, illiteracy, language barriers, lack of insurance, single-parent homes	Dysart-Gale, 2010; Evans et al., 2007; Mechanic & Tanner, 2007; Ostrum et al., 2010; Zakour & Harrell, 2003
Psychological Vulnerability	Loneliness, fear, anxiety, anger, depression, confusion, frustration, grief, motivation, denial, sense of control, sense of security, self-efficacy, learned helplessness, powerlessness, social justice; social well-being	Bunker & Ball, 2009; Eloranta et al., 2010; Gerritsen et al., 2010; Mertens & Ginsberg, 2008; Pacquiao, 2008; Waldow, 2009

*Physical vulnerabilities* are related to the physical being and consequently, prevent an individual from carrying out their normal and daily routines. Individuals with physical vulnerabilities typically require assistance from another party for basic survival. Research in this area is primarily conducted in the fields of health services and nursing, and topics include those of service to those that are ill or in physical pain or disability, such as physician behaviors,

sensitivity required to deal with healthcare patients, and correlations between therapeutic relationships and physical healing (Bendapudi et al., 2006; Berry & Bendapudi, 2007; O'Connell, 2008; Rodgers, 1999; Titchen, 2001).

*Economic vulnerabilities* are typically related to the economic marketplace in which the consumer does not possess the proper knowledge or skills to financially survive or contribute to the economy due to some personal characteristic. Research in this area is primarily founded in business economics and marketing, with topics including access to new information, the increasing complexity of technology, financial stability to navigate the economic marketplace, and understanding of pricing and value in comparison to personal prerogatives (Andreasen, 1975; Baker et al., 2005; Garrett & Toumanoff, 2010; Hill, 2002, 2005; Hogg, Howells, & Milman, 2007; Marlow & Atilas, 2005; Ringold, 2005).

*Social vulnerabilities* are related to issues that occur within society that can often be used to classify an entire community of people through demographic information (e.g. age restraints, socio-economic status, race, sexual orientation, relationship status, etc.) Research in this area primarily focuses on community-wide issues that may leave an entire classification of people at a perceived or actual disadvantage, such as lack of education, income, age, ethnicity, and proximity restraints.

*Psychological vulnerabilities* come forth as a result of some emotional stressor or influence that affects the consumer's behaviors or mental stability and/or well-being. Research in this area is primarily conducted in the fields of counseling psychology, consumer psychology, and marketing. Related topics include self-perceptions of consumption experiences, acceptance in society, security of self, coping behaviors, self-identity, feelings of powerlessness, and

perceived control. It should be noted that, while this is representative of current research streams in customer vulnerabilities, it is not solely inclusive of all ranges of perceived vulnerabilities.

In investigating services to vulnerable populations, situations can arise amongst any of the aforementioned service classification schemes that may make a customer feel as though they are at risk.

### **Behaviors and Attitudes in Vulnerability**

In order to properly serve those who may be classified as being subject to feelings of vulnerability, it is vital to explore humanistic behaviors and attitudes that have been identified by previous authors as being related to sensitive service experiences of customers. According to Zeithaml et al. (1990)'s research on the GAP model of measuring service quality, customer's expectations and perceptions of quality service can be measured by five dimensions: reliability of service, assurance on behalf of the service provider, tangible evidence or appearance of physical facilities, empathy and individualized attention from service providers, and responsiveness. While it has been argued that the results of this study can be generalized across industries, it does not look at a specific classification of customers or individual situations which may deviate greatly from a "standard" service transaction.

In terms of behavioral research of service providers specifically focused on vulnerable customer experiences, Bendapudi et al. (2006) conducted an exploratory study of ideal physician behaviors as perceived by 192 patients being treated at the Mayo Clinic. The patient interviews consisted of eliciting patients on their views of the most and least favorable aspects of their

interactions with their Mayo Clinic physicians. Seven key indicators of ideal physician behaviors were identified: confident, empathetic, humane, personal, forthright, respectful, and thorough. The authors also noted that in, emotionally sensitive situations, service providers cannot solely rely on technical quality to ensure satisfaction. Therefore, regardless of technical competence, humanistic experiences were thought to be as equally important as those of a functional nature (Berry & Seltman, 2008).

As a result of conducting a thorough review of medical, psychological, sociological, healthcare administration, pastoral, and hospitality literature, the researcher has identified recurring themes in research disciplines that potentially interact with vulnerable populations. Delimited to the behavioral service quality attributes as identified by Parasuraman et al. (1985) that are also founded within the interactional justice attributes (Hocult et al., 1997; Severt 2002), the following section will include sub-topics of empathy (empathy and hospitableness), assurance (compassion and trust), and responsiveness (mutuality and advocacy).

## **Empathy**

Empathy refers to “the caring, individualized attention the firm provides its customers” (Zeithaml et al., 1990, p. 26). As identified in the literature, empathy is also related to feelings of compassion and hospitableness, as both involve selfless acts towards the care and shelter of other individuals. This is important in catering to vulnerable individuals, as they may feel alone, frustrated, or confused in any given service experience.



## *Empathy*

Empathy has been defined in the service literature as caring, individualized attention that a firm provides its customers (Parasuraman et al., 1988; Zeithaml et al., 1990). The service provider will generally try to understand what the customer is feeling and experiencing, physically and emotionally, and then communicate that understanding back to the customer (Bendapudi et al., 2006). The possession of an empathetic identity is also the understanding that individuals generally have more similarities than differences with others, and that communities of people are all interdependent with others. Therefore, the promotion of empathy and compassion actions is related to the belief in a collective identity and an interdependence of humanity (Pacquiao, 2008).

Within the psychology based literature, there is no consensual definition of empathy in terms of providing therapy. However, it has been generally accepted that empathy is the psychoanalytic means of focusing on a person's frame of reference or understanding of the world (Elliott, Bohart, Watson, & Greenberg, 2011; Selman, 1980). It also involves the demonstration of a compassionate attitude while developing a rapport with the other person, attaining communicative attunement (whereas efforts are made to stay on a "moment-to-moment basis" with an individual to understand their experience), and understanding the individual's history of the experience in terms of their own background (Elliott et al., 2011, p. 44). It should be an essential goal of all service providers, especially when dealing with customers who are feeling a lack of control. Ideally, verbal interactions and responses to such situations should be made using individualized statements based upon the individual's specific experiences without making the person feel too smothered (Elliott et al., 2011; Leitner, 1999). The regard that should be upheld

in dealing with these types of populations should always remain genuine and positive if true empathy is to be felt (Elliott et al., 2011).

It should also be taken into consideration that empathetic gaps may occur, whereas those not feeling the frustration, anger, or pain of an emotionally heightened situation may underestimate the severity of the situation (Hodgkins, Albert, & Daltroy, 1985; Kappesser, Williams, & Prkachin, 2006; Nordgren, Banas, & MacDonald, 2011). Specifically in research by Nordgren et al. (2011), it was found that people consistently underestimated another's social pain unless they, themselves, had experienced the same social pain for themselves. This suggests that empathy may come off as contrived or fake unless the proper service professionals are hired to deal with the experiences of a vulnerable customer. Only those who can truly appreciate the social pain of another person will then be able to understand their frustration for the situation.

### *Compassion*

Compassion has been identified by several authors (e.g. Crigger, Brannigan, & Baird, 2006; Nussbaum, 1997; Pacquaio, 2008) as the motivation that compels one to act on the behalf of others. It is the feeling that arises within someone when they witness another's suffering or discomfort, which then activates a desire to help (Goetz, Keltner, & Simon-Thomas, 2010). It is intimately linked with an empathetic understanding of the suffering of others and a consequential commitment to act in order to relieve such suffering (Sprecher & Fehr, 2005). It emerges from an affective and cognitive understanding and identification with others' experiences. Sprecher and Fehr (2005) further added that having compassion requires feelings, cognitions, and behaviors that are focused on the caring, concern, tenderness, and orientation towards supporting and understanding others. Goetz et al. (2010) also classified compassion as being a broader state of sympathy, pity, or empathetic concern which also is comprised of action tendencies.

However, there are several approaches to compassion and deciding on a clear-cut definition that does not overlap with that of empathy can often difficult. Both Ekman (2003) and Hoffman (1981) indicated that compassion is another form of empathetic distress, in that people so deeply mirror the emotions of those around them that they vicariously experience others' emotions as a result (Hatfield, Cacioppo, & Rapson, 1993). By contrast, several authors (e.g. Post, 2005; Sprecher & Fehr, 2005; Shaver et al., 1987; Underwood, 2002) contended that compassion was simply a mixture of emotions associated with either sadness (e.g. pity, concern, and sympathy) or love (e.g. tenderness, caring, helping, sharing, unconditional love, and altruistic love) (Fehr & Rusell, 1991; Sprecher & Fehr, 2005). However, laboratory studies confirm that stimuli of suffering individuals used to specifically elicit certain humanistic behaviors were associated with compassion and sympathy (Batson, O'Quin, Fultz, Vanderplas, & Isenm, 1983). Therefore, a number of researchers have confirmed that the suffering of vulnerable individuals is a potential elicitor of human compassion (Goetz et al., 2010; Oveis, Horberg, & Keltner, 2010; Zahn-Waxler, Friedman, & Cummings, 1983).

### *Hospitableness*

While hospitality can be viewed in industrial-specific contexts, it has been researched in nursing and pastoral literature for some time. Known commonly as the host and guest relationship, hospitableness can also include the caring for emotional, physical, and spiritual needs that has a transformative impact on both the service provider and the recipient (Gilje 2004; Lane 1987; Patten, 1994; Severt et al., 2008). This is through the host's provision of physical comfort and security, psychological comfort and security, understanding, compassion, and empathy conferred onto a guest in a time of need (Hepple, Kipps, & Thomson 1990).

One of the most prevalent research disciplines to study the concept of hospitality has been within the nursing body of knowledge. This would appear natural, as nurses (who are traditionally female) are quite possibly the most important element of a patient's caregiving, as they provide the most consistent service interactions and receive the most interpersonal face time with a patient. Hepple et al. (1990) described nursing interactions in terms of understanding the purpose and role of hospitality in the healthcare experience. The authors identified that hosts, regardless of context or industrial setting, should provide physical comfort and security, psychological comfort and security, understanding, compassion, and empathy conferred through humanistic behaviors onto some guest in a time of need.

Lane (1987) described hospitableness as acts of spirituality when caring for patients, in that they address patients' emotional and spiritual needs, as well as those that are physical. As a result, nurses have the duty of providing patients with the caring of their spirit, performing work of their own spirits, and enhancing activities that foster the spirit. She mentioned that the focus on hospitality through spirituality not only possesses the energistic value of healing the patient, but also by allowing the care provider/nurse to heal their own energies after dealing with the stressors of patient suffering. This is supported by Gilje (2004), who described that nurses are transformed through the natural duties required by their every day jobs. While nurses work to ease the suffering of patients through therapeutic acts of hospitality, they themselves act as sufferers due to the interpersonal and emotional exchanges that are evident in providing such intense hospitableness to patients. As a result, Gilje (2004), mentioned that nurses experience three types of hospitality: 1) Family hospitality (conferred onto those we consider close to us/loved ones); 2) Stranger hospitality (conferred onto those in a time of need that we do not know); and 3) Hospitality to the poor (conferred onto those who do not possess the resources to

care for themselves). Similarly, Severt et al. (2008) used Patten's (1994) typology of hospitality to also describe acts of hospitableness within the healthcare industry. Citing hospitality as a "philosophy," the authors described public hospitality (general politeness), personal hospitality (including interpersonal exchanges and disclosure of feelings and experiences), and therapeutic hospitality (behaviors exhibited to help a person overcome physical, mental, or emotional pain and hardship).

Research in hospitableness through the host and guest relationship is not only specific to healthcare environments. O'Connor (2005) used psychological and anthropological linkages to describe how behaviors of hospitality are deep rooted within human nature. Referencing pre-historic tribal rituals and ancestral theory, the author explained how hospitality should be measured on the same continuum as hostility. Because guests (either familiars or strangers) who were invited into another's home presented a possible opportunity for harm to the host, the measure of behaviors and attitudes bestowed upon a guest represents a scale for how welcome the guest feels in relation to the host accommodations. Therefore, O'Connor (2005) claims that true reflections of hospitality are innate in genetics of fight-or-flight behaviors as human beings. As such, the author suggests that customers can subconsciously tell whether a service provider is displaying genuine acts of hospitableness through their own psychological references as humans. Therefore, he suggests that firm managers tune into their own judgments of hospitable attitudes and hire the proper frontline staff to serve customers, as customers are capable of telling whether an employee is forcing a given attitude and this perception may reflect poorly upon the organizational image.

## Assurance

Assurance mainly consists of “knowledge and courtesy of employees and their ability to convey trust and confidence” (Zeithaml et al., 1990, p. 26). Assurance is vital for service providers to possess in dealing with vulnerable customers because it gives those individuals a sense that while they may feel a lack of control over a service encounter, they can feel confident in the abilities of a more capable, internal source of information.

### *Trust*

While the concept of trust may seem simplistic, it has been widely studied in a variety of contexts. Specifically within the context of social risk, trust has been studied in terms of feelings of “uncertainties, ambiguities and contingencies of today’s global world” (Misztal, 2011, p. 359). Such uncertainties bring for fear of derivative fear which Bauman (2006) defined as the feelings of being susceptible to danger or a feeling of insecurity and vulnerability. Therefore, because vulnerability is so closely associated with feelings of risk, it is natural that the element of trust also be seen as a catalyst in combating feelings of vulnerability.

According to Uslaner (2002, p. 16), trust is known as, “a moral value that reflects an optimistic world view and helps explain why people reach out to others in their communities who may be different from (and less fortunate) than themselves.” Misztal (2011) also points out that this definition accounts for overcoming the absence of true evidence (e.g. Simmel 1978), “unaccountable faith” (e.g. Mollering, 2001), and refraining from taking precautions against an interactional partner (e.g. Elster, 2007). For the most part, the literature defines trust as confidence that interactional partners will not exploit each other’s vulnerability (Misztal, 2011). Rousseau et al. (1998) specifically stated that the core of trust is the acceptance of vulnerability

based upon positive expectations in the intentions of the behavior of another. As a result, Misztal (2011) noted that the relationship between trust and vulnerability should be viewed within the context of the specific risk that which creates the type or level of vulnerability, being careful to note that having to place trust onto an unknown individual often reinforces the feelings of vulnerability. In terms of service providers then, researchers and managers should be aware that vulnerable customers may be initially hesitant or uncomfortable with placing trust or dependency on a stranger playing the role of the service provider due to the perceived risk involved.

### **Responsiveness**

Responsiveness refers to the “willingness to help customers and provide prompt service” (Zeithaml et al., 1990, p.26). However, this is a broad definition and does not define specifically how service providers can partner with customers in order to yield positive results for the service encounter. Principles of advocacy and mutuality both address how specifically service providers can act as collaborators with customers that are vulnerable in order to ensure that their needs are properly addressed.

#### *Advocacy*

Closely related to social justice, advocacy deals with giving individualized attention and care to individuals in a time of need. Particularly of important note in nursing research, advocacy deals with safeguarding a customer’s (or patient’s) autonomy, acting on behalf of the customer if they cannot troubleshoot an issue themselves, and promoting social justice (Bu & Jezewski, 2007). The most critical aspect of advocacy is that it is practiced at an individual level (Paquin,

2011). As a result, service providers can then get an inside perspective of the experiences and needs of those being served (Paquin, 2011; Smith, Battle, Diekemper, & Leander, 2004).

The act of personally assisting others in their time of need embodies the concept of advocacy. In fact, the development and growth of psychologically- and behaviorally-grounded professions that provide support to other individuals is thought to be dependent on the concept of advocacy (Fox, 2008). According to Faulkner and Davies (2005), social support is comprised of four broad components: (1) appraisal support, (2) informational support, (3) instrumental support, and (4) emotional support. *Appraisal support* requires service providers to help individuals evaluate their personal circumstances. This can involve talking about a stressful situation and helping to understand customer concerns and then retrieving the aid of additional staff members or managers. *Informational support* involves providing customers with necessary information that enables them to cope and actively solve a problem. *Instrumental support* enables the service provider to provide tangible resources to reduce a stressful situation, such as utilizing available resources to make efforts at service recovery or follow-through. *Emotional support* from the service provider to the customer fosters an environment of mutual understanding, empathy, and compassion towards the situation. Service providers should seek to encourage bonds of trust, self-esteem, and encouragement (Faulkner & Davies, 2005). These principles of social support embody the importance of advocacy in service environments where customers do not feel as though they can defend themselves. Quite often, vulnerable customers will feel a sense of powerlessness or lack of control over a stressful situation. The promotion of advocacy is then used to combat these feelings (Bernal, 1992).



## *Mutuality*

Referenced in nursing literature, mutuality is described as the partnership formed as a result of the customer and service provider working together in a genuine relationship (Titchen, 2001). Mutuality consists of aligning behaviors with commitments made and accepted within the context of the relationship. This includes frequent communications, share information, and sharing common frames of reference (Dabos & Rousseau, 2004). In other words, mutuality can be perceived as the formation of a collaborative partnership towards some common goal (Rousseau, 1995). While the service provider still possesses an element of control and professional knowledge that the customer cannot find elsewhere, the two parties form a therapeutic relationship in order to form a mutual alliance that encourages customer comfort and empowerment (O'Connell 2008; Waldow, 2009).

Dabos and Rousseau (2004) note that mutuality is more of a perception than an actual behavior or action. This is especially important to note in observing a customer's stress or coping behaviors. According to Williamson and Schulz (1995), the stronger the quality of the relationship between the service provider and the customer, the lower the levels of burden, frustration, and resentment are felt by customer (Schumacher et al., 2008). This also presents a linkage to the service literature's theories of interactional justice and the safeguarding of customer fairness judgments through service recovery (Bitner et al., 1990). While the majority of research on mutuality has been conducted in the nursing field (particularly in the caregiving practices of older or terminally ill individuals), more research is needed in specific areas of assessing relationship quality (Schumacher et al., 2008).

## **Discussion**

The notion of service assessment is highly variable across service industries and service segments. The topic of customer vulnerability is under-researched. Service encountered in times of vulnerability is more likely to be memorable, and thus transformative, to consumers, making them highly relevant and important for businesses. Since this area is under-researched, this chapter first looked at service classifications, customer risk, social justice, and attitudes and behaviors considered most conceptually and theoretically relevant to the study of vulnerability in service encounters. Therefore, studying vulnerability in an exploratory manner across different service classifications or segments is a needed step in determining the factors that are important to consumers who may be experiencing a sense of vulnerability or a loss of control. For the purposes of this study, the concepts of risk and social justice were beyond the scope of exploratory study. As such, the scales that were identified in the review of literature were related to the behaviors and attitudes relevant to vulnerability, and will be further explored throughout consumers' accounts of service encounters in which they experienced vulnerability in three different industry segments. Additionally, the topic of customer vulnerability is under-researched specifically within hospitality and tourism literature, however it has been suggested in service research (e.g. Ostrum et al., 2010) that specific emphasis in this research area is warranted.

## Summary

This review of literature explored the current classifications of service as an introductory foundation to explain how the conceptualization of service has been argued by many different researchers in the past literature with no widely accepted classification of customer typology being realized. The literature review then described the topic of transformative service research as a new topic in services marketing and management. Transformative processes in communities and businesses have been studied in other fields, such as sociology, education, and health services. The topic of vulnerable populations was also discussed from a range of perspectives including social justice, interactional justice, and types of customer vulnerabilities that have been researched within marketing, economics, sociology, nursing, health services, and psychology research streams. The review of this literature determined that because any customer can feel a wide range of levels of vulnerability contingent upon situation, it is hard to define what makes a “vulnerable customer”. Finally, this review of literature explored current behaviors and attitudes that have been studied in regards to serving individuals that are specifically in a vulnerable or at-risk situation. Relevant literature touches upon research in the fields of nursing, counseling psychology, pastoral services, and social work.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

This chapter will explain the various methodologies that were used in this study. First, the chapter will describe the justification for using an exploratory mixed methodological design, which utilizes both qualitative and quantitative aspects. Then, the steps of each methodology will be described in detail, beginning with the qualitative research design and analysis process of the qualitative data. Then, the steps of the quantitative portion of the study will be described. As a part of the quantitative portion of the study, the steps taken in the development and distribution of the questionnaire will be reported. Finally, this chapter will describe how the quantitative data was analyzed.

### **Research Design**

Mixed methodologies in research design indicates that the researcher used both qualitative and quantitative techniques in order to address a given research problem. This is particularly useful because not only did the qualitative portion of the study give the researcher rich insight into the research problem using in-depth probing of participants to gain valuable perspectives, but it also confirmed the relevancy of qualitative themes by adding a numerical component to explain or predict a given set of behaviors or relationships (Creswell, 2003; Dillman, Smyth, & Christian, 2009; Miles and Huberman, 1995; Yin, 2003; Zikmund, 2003). In addressing the current research problem, the researcher used the topic of transformative service in which to ground the theoretical justification for the study. Because very little research has been conducted on this topic, initial research is needed in this area to understand these types of

populations and the providers that bestow some type transformative service experience upon them. The purpose of this study is to explore the concept of customer vulnerability across varying service industries. The results of the study were used to identify ideal behaviors and attitudes needed by service providers in catering to individuals that may experience feelings of vulnerability.

Due to the fact that the topics of customer vulnerability and transformative service are under investigated, the research can be considered exploratory. Exploratory research is often conducted on a given topic for the first time, and is related to the concept of grounded theory. Grounded theory helps explain exploratory research by using three characteristics—a holistic view (allows for the study of behaviors and organizational systems in their totality, allowing for all factors to be considered and for a complete understanding to be gained), a philosophy of natural inquiry (the investigation of phenomena in a naturally occurring setting), and an inductive approach to data (generates in-depth and open insights from smaller samples, allowing researchers to get close to participants' concerns while discovering how their problems are thus processed) (Connell & Lowe, 1997; Patton, 2002). Essentially, the end result of research founded in grounded theory is to discover new theoretical insights and innovations (Patton, 2002). The current study acts to explore a previously unexplored area of service research in efforts to build and contribute theoretical thought to the area of consumer vulnerability in an interdisciplinary approach.

Due to the exploratory nature of the study, the researcher employed a mixed methods design to capture both rich and rigid aspects of the data collection. The combination of these methods was used to elicit views from a cross-industrial view of customers that are experiencing a time of need. It was deemed appropriate to use a multi-disciplinary approach to

this exploratory study due to Connell and Lowe's (1997) argument that human behavior and management strategy observed from a holistic standpoint allows for an open focus of all dimensions. The research design process is outlined in Table 2 below.

Table 2: Research Design

<b>Research Step</b>	<b>Research Objective</b>	<b>Outcome</b>
Qualitative- Content Analysis	-To identify customer perceptions of vulnerability in different industry segments	-Help identify vulnerable service encounters
	-Give a preliminary view of potential behaviors/attitudes displayed in positive service encounters	-Help identify behaviors displayed by service providers in positive and negative contexts
	-Give a preliminary view of potential behaviors/attitudes displayed in negative service encounters	-Also helps identify which industries may feature the most frequent instances of perceived vulnerability
	-Receive rich feedback from consumers regarding how these instances made them feel when control was relinquished	-Helps build interview questions for semi-structured interviews
Distribution of Questionnaire	-Survey distributed to a large population of roughly 300 participants	-Depending on scale items retained, survey use pre-selected and verified scales to explore consumer perceptions of feeling vulnerable during a service experience  -Also capture perceptions regarding what type of service and behaviors they expect when faced with vulnerable situation
Quantitative- Exploratory Factor Analysis	-Reduce the variables to a set of factors that can be used for further hypothesis testing and theory development in future studies	-Reveals a set of ideal behavioral factors that service providers must embrace when faced with vulnerable customer encounters
	-Useful to identify a set of observed behaviors and whether the same scales reduce to similar factors across segments	

## **Qualitative Design**

The qualitative portion of the study was used to investigate consumers' perceptions of the service experience they recalled while feeling vulnerable during a transaction. This was achieved through the usage of online forum postings by anonymous users between the years of 2009-2011. After the researcher received approval from the university Institutional Review Board (IRB), the data collection process can commence.

To begin the qualitative content analysis, the researcher randomly selected roughly 225 online forum postings by anonymous users and analyzed their content for positive and negative service experiences across three different industries—air travel, banking, and assisted living facilities. The researcher collected the online forum postings from each of the three industries on industry specific consumer forums. The postings represented anonymous consumer opinions that were provided to the forum between the years of 2009-2011. Seventy-five postings were collected from each of the three industries, yielding a total of approximately 225 possible consumer opinions available for analysis. On a rare occasion, the research deemed postings irrelevant due to the commenter providing vague information about their service encounters that could not be coded. In total, fourteen postings were removed from the final content analysis due to irrelevancy (ten postings from the banking industry and (four postings from the assisted living facility industry). As a result, the researcher was able to successfully code and analyze 211 consumer opinion postings.

The researcher qualitatively coded relevant themes that were revealed from the consumer online forum postings, paying special attention to themes that were related to the service provider/customer interaction and feelings of vulnerability. Themes revolved around the service

providers' attitudes, behaviorisms, and/or empathy or lack thereof towards the situation. Then, the researcher also noted how those interactions made the customer feel as a result and whether future behavior towards the organization was impacted. Because of the sensitive or required nature of the service interaction, future behaviors on behalf of the customer were often found to be irrelevant, as they may have had no other choice but to use those specific services based upon the situation. Because of this, the researcher also noted whether the customers' service encounters were acts of discretionary service (in which the customer specifically made the conscious choice to do business with a certain organization) or non-discretionary service (in which the customer had no choice but to do business with a certain organization due to personal situation). The data derived from this content analysis was used, in conjunction with evidence from literature, to formulate the questionnaire used for the quantitative portion of the study.

In order to maintain the reliability of the qualitative data, the researcher took steps to minimize biases throughout the analysis of the consumer postings. The documentation of the data analysis process was necessary so that the research design process can be properly defended and to maximize the potential for replication using the same procedures by another party. Reliability was achieved by determining the consistency of findings when comparing the researcher's coding scheme to that of another researcher that also coded the same qualitative data that came forth from the content analysis.

This portion of the study served three purposes: 1) It will give the researcher a preliminary view of consumers' perceptions of customer vulnerability and insight into how they personally react to such associated situations; 2) It will help the researcher to understand what customers expect from service provider interactions across different industries; and 3) it will



supplement and verify the review of literature in revealing themes of service provider behaviors when experiencing customer vulnerability.

### **Quantitative Design**

Using themes that were chosen from the literature review and verified from the first portion of the research study, the researcher constructed a multi-item questionnaire. The questionnaire was distributed to consumers of the three industries that were also focused on during the qualitative analysis (air travel, banking, and ALFs). The participants were recruited via social media and the online consumer forum groups that were used during the content analysis portion of the study. In regards to the ALF surveys, because individuals who live at ALFS are often too sick or weak to make their own conscious decisions and to give their own opinions, family members answered as proxies on their behalf. The questionnaire was used to elicit their perceptions of the experiences they have had with business institutions during which they felt vulnerable. It also measured their expectations of how they should be treated to improve upon feelings of vulnerability in a specific industrial context.

### **Questionnaire Development**

The purpose of the current study is to explore the concept of customer vulnerability across varying service industries. The results of the study will be used to develop theories for further assessing ideal behaviors and attitudes needed by service providers in catering to

customer feelings of vulnerability. For the quantitative portion study, the researcher started by conducted a thorough review of literature within the disciplines related to the social sciences (DeVillis, 1991). Included disciplines are psychology, sociology, hospitality, nursing, health care administration, and pastoral care. To date, there are no research studies that have developed a comprehensive scale of desired attitudes and behaviors of service providers that cater to vulnerable populations. While there are scales that generalize perceived service quality in a variety of contexts, no scales specifically focus on the topic of vulnerable individuals.

Scale items were developed in a way that clearly reflected the measurement goal in mind (DeVillis, 1991, Dillman et al., 2009). In doing this, the content of each item reflected the constructs of interest, with multiple items comprising a more reliable test. The questionnaire also included descriptive measures that were relevant to the study, including demographics, foreign language ability, and familiarity with the company in which they experience the feelings of vulnerability.

The questionnaire was developed by combining current scales in existence from the literature, adding items based upon the qualitative portion's results, and reviewing the questionnaires for any holes that may have been beneficial to the study. This is justified by the fifth step in DeVillis (1991)'s suggestions for scale development, which encourages researchers to consider the inclusion of items within the scale that may help in determining the validity of the final scale. The questionnaire also included a textbox for respondents to voluntarily leave qualitative comments, if they felt it was necessary.

Existing reliable scales that were included in the questionnaire included items from Parasuraman et al.'s (1988) SERVQUAL model (reliability items, responsiveness items, and empathy items, representing Cronbach's  $\alpha = .83, .82, \text{ and } .81$ , respectively), empathetic concern

items from Davis's (1980) Interpersonal Reactivity Index (Cronbach's  $\alpha = .71$  for males and  $.75$  for females), compassion items derived from Sprecher and Fehr's (2005) Compassionate Love Scale: Stranger-Humanity Version (Cronbach's  $\alpha = .95$ ), and advocacy items from Bu and Jezewski's (2007) nursing advocacy scale development (safeguarding autonomy items, action items, and social justice items, representing Cronbach's  $\alpha = .95, .89,$  and  $.96,$  respectively). Other questionnaire items were developed from qualitative studies by Eloranta et al.'s (2010) research on psychological well-being, Hepple et al.'s (1990) research on hospitality in healthcare, Gilje's (2004) research on hospitality in nursing, and Jeon's (2004) research on mutuality. The questionnaire items were based upon a seven-point Likert scale. The Likert scale is one of the most commonly used item formats, used often to measure opinions, beliefs, and attitudes (Devillis, 1991). When used, a Likert scale presents a declarative statement followed by response option that indicates varying levels of agreement or disagreement.

The initial item pool was then reviewed by experts within the field of service research. The review of the initial item pool is related to the maximization of content validity for the scale. (DeVillis, 1991). It is appropriate to have a panel of experts to rate how relevant they feel each item is to what the researcher intends to measure. It is helpful to have an expert panel review the item pool because they may uncover something within the item pool that the researcher did not include—something that may also be picked up on or questioned by respondents. The panel of academic experts commented on the clarity and conciseness of items to ensure that the wording of each item is not problematic to the construct being measured. For the current study, the item pool was reviewed by a committee of university professors for approval prior to administration of the questionnaire to participants.

## Questionnaire Distribution

A pre-test version of the questionnaire was first tested on a pilot group of fifty-six (56) consumers. While not always necessary, a pre-test version of a study is often run in order for the researcher to trial a research instrument (Baker, 1994). According to Baker, a sample size of about ten to twenty percent of the actual sample size for the main study is deemed appropriate. Because it was estimated that roughly 300 surveys will be collected in the main study, a pilot sample size of 30-60 participants is appropriate.

This sample represented a convenience sample recruited via social media, as the researcher was specifically looking for a small subset of respondents in order to test the validity and reliability of the scale. Instead of asking participants to recall a specific industrial situation in which they felt vulnerable, they were asked to recall a general customer service situation in which they experienced feelings of vulnerability. This was done so that the researcher could gain a preliminary view of customer vulnerability aside from the context of a specific industrial setting. The pilot study also gave the researcher valuable information regarding what could be expected for the main study, including average length of time it took participants to complete the questionnaire and feedback regarding confusing, conflicting and redundant questionnaire items. The pilot study was distributed using Qualtrics software over the course of approximately one week during July of 2013.

After the pilot study was complete, the researcher was able to conduct the distribution of surveys representative of the main study. The researcher anticipated the distribution of the questionnaire to approximately three hundred participants between the time period of August through September of 2013. According to Nunnally (1978), an appropriate size in the

development of a new scale is suggested to be three hundred. However, DeVillis notes that if a single scale is to be developed from a smaller pool of items (around 20), then fewer than 300 participants is appropriate. Because the current scale has about 85 items, a sample size of about 300 or more is appropriate. A reduction of the scale via the data analysis techniques was anticipated, therefore a 10:1 ratio was estimated to be sound for proper analysis (Nunnally, 1978).

The participants were recruited via online consumer forums that exist for informational purposes and in support of consumers in the areas of air travel, banking, and assisted living facilities. Recruitment via social media was also utilized as a supplementary means of data collection, however, it was only used in the event that responses could not be collected via the consumer forums (i.e. posts not approved by moderators). The delimitation of the study specifically measured the perceptions of specific industrial consumers in air travel, ALFs, and banking whom especially have the potential to experience vulnerability on a frequent or targeted basis, as opposed to a general consumer who may have varied and subjective experiences of vulnerability. Therefore, the sample for the data collection was representative of a wide range of ages, economic backgrounds, cultural backgrounds, and educational backgrounds. Again, in the case of ALFs, family members frequently acted as proxies for their loved ones who likely did not have the physical and/or mental capacity to take the questionnaire for themselves.

Participants were given an unlimited amount of time to complete the questionnaire. They were also allowed to stop or withdraw from the study at any time. Participants also were not asked to include their names, but needed to provide their age, gender, race, and educational background. No other identifying information was taken from participants that could potentially link an individual to a particular set of responses. Their questionnaire forms remained

anonymous and are locked under key within a locked office. The questionnaires are only accessible by the researcher and the faculty advisor, and following the full completion of the study, will be destroyed.

## **Data Analysis**

Given the results of the qualitative investigation whereby similar expectations of treatment seemed to be expected within industry segments (but not across segments), it was deemed appropriate to execute the survey questionnaire across the three industry segments to determine the factor reduction scheme across industries. This was completed in order to uncover existing similarities and differences in customer vulnerability between the three industries. In order to analyze the data to further explore consumer experiences with service provider behaviors and attitudes while feeling vulnerable, the researcher used exploratory factor analysis (EFA). EFA is useful in reducing a set of variables to a number of dimensions or factors that can later be used for further hypothesis testing to explain causal relationships, or in which to use as a theoretical basis for scale development. Therefore, because the researcher wanted to identify and classify a set of observed behaviors or attitudes, EFA was deemed as an appropriate technique to use in order to explore whether various consumer perceptions across industries would reduce to the same set of factors.

One of the most notable examples of scale development as a result of EFA that can be found within the service body of knowledge is in research conducted by Zeithaml et al. (1988). The researchers used a previous conceptual model, the Gap Theory Model of Service Quality, to create a questionnaire to distribute to customers in a cross-industrial context. The results of the

questionnaire revealed five dimensions that can be measured to explain the underlying construction of service quality—responsiveness, assurance, tangibles, empathy, and reliability. This model has been vastly referenced in the disciplines of marketing, service management, hospitality and tourism, and is applicable to a wide range of other industries, including banking, healthcare, engineering, and education.

Once the researcher input the data into SPSS, a maximum likelihood procedure was conducted to examine a variety of measures. After consulting Cronbach's alpha coefficient of reliability, the variables with a reliability coefficient greater than .60 were retained for interpretation (Bagozzi & Yi, 1988). Through an investigation of the correlation matrix, the measures that correlate the highest with other similar variables were considered to be linearly related as a factor. Items with low correlations were dropped from the analysis. Kaiser's criterion was then consulted to identify viable factors with eigenvalues greater than one. After factors were extracted, the researcher rotated the factors using oblique Promax rotation to ensure the uncorrelated factor set can account for the simplest interpretation of the data from the smallest number of items. Once the factors were rotated the maximum number of times to achieve results, the researcher reviewed participants' qualitative comments that were elicited as part of the questionnaire distribution. Through comparing the remaining set of factors versus the qualitative comments, the researcher became confident that the factor loadings were representative of the variables that most explain a particular observed set of measures. As a result, theoretical conclusions were drawn from the factor set to the applicable research problem.

## **Summary**

This chapter explained the methodologies that were used in this study. The study was conducted using an exploratory mixed methodological design founded in grounded theory, utilizing both qualitative and quantitative aspects. The results of the study were used to develop a survey for assessing ideal behaviors and attitudes needed by service providers in catering to customers feeling vulnerable. The researcher investigated service experience documentation via online consumer forums within the industries of air travel, banking, and ALFs. This content analysis was completed in order to reveal additional themes that may not have come forth from the literature review. The quantitative portion of the study utilized exploratory factor analysis (EFA) to determine the ideal behaviors and attitudes needed to properly serve customers experiencing some level of perceived vulnerability. Finally, the researcher compared participants' qualitative comments during the questionnaire distribution to validate the factor structure of the quantitative results. It should be noted that these measures were conducted utilizing proper methods of validity and reliability to ensure accuracy of the results.



## **CHAPTER FOUR: RESULTS**

This chapter will describe, in detail, the results that came forth from the analysis of the data. First, the results of the content analysis will be reported. These results came forth from an analysis of consumer Internet forums that were qualitatively coded to reveal common themes between users' comments. The results are reported by industry, followed by a discussion of the results. Then, the results of the pilot study were given, which was comprised of a sample questionnaire that was given to a small sample of participants to give the researcher certain information about the survey instrument, such as the readability of the questionnaire, the average length of time it takes participants to complete, and possible issues with validity and reliability. Finally, the results of the main study will be reported by industry. These results include the statistical results of the exploratory factor analysis that was conducted on each industry's sample of participants, associated tables, and qualitative comments that were collected as part of the questionnaire that support the statistical results of the questionnaire.

### **Content Analysis Results**

The content analysis was performed using consumer forum posts in the areas of air travel, banking, and assisted living facilities. This was done so that the researcher could gain customers' perspectives on service provider behaviors, while also collecting their reactions to those behaviors when they indicated they felt they were in a vulnerable position (or experience a service situation out of their control). The researcher analyzed this information by randomly

selecting seventy-five posts from each of the three industries. The three industries (air travel, banking, and assisted living facilities) were chosen due to the frequent sensitivity of their service encounters, representing possible vulnerabilities in each of the four vulnerability types found within the literature (physical, economic, social, and psychological).

User postings on the forums were posted anonymously and were not solicited in any way. The postings were all made on the consumer forums during the time period of September 2009 and March 2011. The researcher did not interact with users' conversations and did not influence user opinions in any form; their postings were simply collected without the researcher having had any interaction with participants in order to keep the honesty and integrity of consumer opinions intact. The utilization and the convenience of this outlet were also useful to this study because information posted in consumer forums becomes available for public consumption. The majority of postings were collected from the online sources of [tripadvisor.com](http://tripadvisor.com), [thefinanceforums.com](http://thefinanceforums.com), and [nursinghomeboard.com](http://nursinghomeboard.com).

The researcher collected the postings during a timeframe of March 2012 through May 2012, although some of the user postings that were collected during this period were possibly dated back to 2009. The postings were then analyzed so that common themes could be derived from the users' opinions. To aid in the analysis, the researcher created a form that included: industry type, summary of situation, who the service provider was, whether the service discretionary or non-discretionary, behaviors and attitudes displayed by the provider, and reactions/emotions indicated by the customer as a result. An example of this form can be found in Appendix B.

In total, 225 postings were initially collected for analysis. Throughout the course of the analysis process, some postings were deemed irrelevant due to the commenter providing vague

information about their service encounters that could not be coded. In total, fourteen postings were removed from the final content analysis due to irrelevancy (four postings from the assisted living facility industry and ten postings from the banking industry). As a result, the researcher was able to successfully code and analyze 211 consumer opinion postings. Table 3 summarizes the results of the content analysis by industry, type of experience (positive or negative), service provider attitudes, and user reactions.

Table 3: Content Analysis Results

Type of Industry	Majority Discretionary Service?	Experience Type	Service Provider Attitudes	User Reactions
Air Travel	Yes	Positive	Helpful, friendly, responsive, knowledgeable, empathetic	Relaxed, comfortable (physically), trusting of, confidence in
Banking	Yes	Positive	Knowledgeable, reliable, honest, friendly, attentive	Trust, satisfaction, loyalty
ALF	No	Positive	Caring, knowledgeable, empathetic, humane, comforting, reliable, responsive	Comfortable (physically), confidence in, trusting of, physical health improvement
Air Travel	Yes	Negative	Rude, un knowledgeable, unwilling to help, unapologetic, lacking proper communication with customers and/or between staff	Frustrated, uncomfortable (physically), angry, distrusting
Banking	Yes	Negative	Un knowledgeable, unresponsive, lacking empathy	Frustrated, angry, distrusting
ALF	No	Negative	Rude, unresponsive, un knowledgeable, unreliable, lacking empathy, unwilling to help	Anxiety, fear for life, lack of control, confused, uncomfortable (physically), distrusting, depressed

## **Air Travel Industry Results**

The researcher analyzed and coded all 75 postings collected from tripadvisor.com to be used for this study. Using the form in Appendix B, the researcher identified key themes indicative of customer vulnerability that exists within the air travel industry. The researcher separated user experiences as either “positive experiences” or “negative experiences.” From there, the situation was listed as discretionary (in which the customer specifically made the conscious choice to do business with a certain organization) or non-discretionary (in which the customer had no choice but to engage in business with a certain organization due to their personal situation), attitudes and behaviors that were noted by users, and user reactions to the service provider behaviors.

Of the 75 user postings, the majority of users (56%) described their service encounters as discretionary. This is not surprising, as it is typically a consumers’ personal choice to use a particular company or service during the travel planning process. However, it is important to note that 34.7% of users described service encounters with the air travel industry that can be classified as both discretionary and non-discretionary. This is due to the fact that many users entered into a transactional relationship with an air travel company at their own will, however some sort of error, miscommunication, or act of God prevented them from completing their travels as planned. This then led to these consumers’ feelings of vulnerability, in that they had to relinquish control to a third party (such as a different air travel company, a travel agent, or an airport in order) to complete their travel. Only 9.3% of users described service encounters that can be classified as non-discretionary. These encounters typically involved air travel passengers

being stranded in an unfamiliar place due to confusion over visa restrictions and customs procedures, the requirement to use a certain company due to certain baggage allowances, or corporate requirements for business travel.

Nearly thirty percent (29.3%) of user experiences were described as positive service encounters. When describing positive service encounters within the air travel industry, users commonly indicated that service providers displayed behaviors and attitudes such as “helpful,” “friendly,” “responsive,” “knowledgeable,” and “empathetic.” As result, when users described service providers using these terms, it was also found that they described their personal reactions as “relaxed,” “comfortable (physically),” and “trusting of,” and “confidence” in the service provider and/or the company.

The remaining majority (70.7%) of user experiences within the air travel industry were described as negative service encounters. When describing negative service encounters within the air travel industry, users frequently indicated that service providers displayed behaviors and attitudes described as “rude,” “unknowledgeable,” “unresponsive,” “unwilling to help,” “unapologetic,” and “lacking proper communication with other staff and/or customers.” As a result, when users described service providers using these terms, they also mentioned feeling “frustrated,” “uncomfortable (physically),” “angry,” and “distrusting” of the service provider and/or the company.

## Banking Industry Results

The researcher analyzed and coded 65 of the 75 postings collected from thefinanceforums.com to be used for this study. Using the form in Appendix B, the researcher identified key themes indicative of customer vulnerability that exists within the banking industry. The researcher separated user experiences as either “positive experiences” or “negative experiences.” From there, the situation was listed as discretionary (in which the customer specifically made the conscious choice to do business with a certain organization) or non-discretionary (in which the customer had no choice but to do business a certain organization due to their personal situation), attitudes and behaviors that were noted by users, and user reactions to the service provider behaviors.

Of the 65 user postings, an overwhelming majority of users (96.9%) described their service encounters as discretionary. This is likely due to the fact that customers largely have the freedom to choose who they bank with and what services they would choose to use. One 3.1% of users described their service encounters as non-discretionary, and this occurred in situations in which the customer chose to leave the company in which they previously banked with, but cannot get a hold of their money due to bank error/miscommunication. The high percentage of discretionary service encounters creates an interesting situation where the customer has willingly chosen to use a certain company, but is still prone to vulnerability due to the financial risk involved.

About forty-nine percent (49.23%) of user experiences with banks were described as positive service encounters. When describing positive service encounters within the banking industry, users commonly indicated that service providers displayed behaviors and attitudes such

as “knowledgeable,” “reliable,” “honest,” “friendly,” and “attentive.” As a result, when users described service providers using these terms, they reported feeling “trust,” “satisfaction,” and “loyalty” towards the service provider and/or the company.

The remaining majority (50.77%) of user experiences within the banking industry were described as negative service encounters. When describing negative service encounters within banking, users frequently indicated that service providers displayed behaviors and attitudes described as “unknowledgeable,” “unresponsive,” and “lacking empathy.” As a result, when users described service providers using these terms, they also mentioned feeling “frustrated,” “angry,” and “distrustful” of the service provider and/or the company.

### **Assisted Living Facility (ALF) Industry Results**

The researcher analyzed and coded 71 of the 75 postings collected from nursinghomeboard.com to be used for this study. Because of the physical condition of residents in assisted living facilities, the postings made on Internet forums for this industry were comprised of all family member and loved ones’ recollections of their family’s and the residents’ experiences. Using the form in Appendix B, the researcher identified key themes indicative of customer vulnerability that exists within the ALF industry. The researcher separated user experiences as either “positive experiences” or “negative experiences.” From there, the situation was listed as discretionary (in which the customer specifically made the conscious choice to do business with a certain organization) or non-discretionary (in which the customer had no choice

but to do business a certain organization due to their personal situation), attitudes and behaviors that were noted by users, and user reactions to the service provider behaviors.

Of the 71 user postings, an overwhelming majority of users (82%) described their service encounters as non-discretionary. This is likely due to the fact that many ALF residents must choose a certain facility based upon insurance and/or Medicare coverage, therefore they may not be able to afford the best possible care that is available within their local area. The remaining 18% of users described their service encounters as discretionary, likely because they chose the ALF specifically and/or covered the costs out of pocket. The high percentage of non-discretionary service encounters lends itself to the ALF residents' feelings of greater vulnerability because they had little or no choice but to use the services in which they received the most financial coverage. Unfortunately, this does not always mean that residents received the best service and care. It is also important to note that ALFs' primary business is to work with individuals that may be classified as vulnerable specifically, whereas in other industries, customer vulnerability is widely varied and situational.

Nearly thirty-one percent (30.99%) of user experiences with ALFs were described as positive service encounters. When describing positive service encounters within the ALF industry, users commonly indicated that service providers displayed behaviors and attitudes such as "caring," "knowledgeable," "empathetic," "humane," "comforting," "reliable," and "responsive." As result, when users described service providers using these terms, they reported that their elderly loved ones felt "comfortable (physically)," "confidence" in the person providing their care, "trust" towards the service provider, and often their physical condition/health improved.



The remaining majority (69.01%) of user experiences within the ALF industry were described as negative service encounters. When describing negative service encounters within the ALF, users frequently indicated that service providers displayed behaviors and attitudes described as “rude,” “unresponsive,” “unknowledgeable,” “unreliable,” “lacking empathy,” or “unwilling to help.” As a result, when users described service providers using these terms, they also mentioned that their elderly loved ones felt “anxiety,” “fear for their lives,” “lack of control,” “confused,” “uncomfortable (physically),” “distrusting,” and “depressed.”

### **Content Analysis Discussion**

Due to the nature of each industry, the types of service encounters and the emotions conveyed by both service providers and their customers varied widely. Within each industry, the results showed that customers had almost identical reactions to both positive and negative service encounters during their vulnerable situations. However, when comparing across the three industries, consumers had very different reactions. This variability of the content analysis results between industries suggest that different industrial consumers expect different types of experiences between industries, different behaviors from service providers in those industries, and have emotional reactions to feelings of vulnerability based upon industrial context. Table 4 provides a summary of the industrial encounters, showcasing specific examples of user comments that can be classified as weighing heavily in service encounters focusing on people, processes, and products. Each of these categories show how vulnerability in service encounters are not solely representative of single service interactions, but can actually be a much more complex set of functional and humanistic elements.

Table 4: People, Processes, and Products

Industry	People	Processes	Products
Air Travel	<p>The airline’s customer care has been a nightmare of poor customer service and confusion, resulting in hours spent on the phone (performing their customer service duties on my own behalf). While I've been frustrated to tears, I haven't yelled at or abused their staff. But more than once, I have had to ask their customer service representatives to stop talking over me or interrupting me. They are not inclined to listen and I am fairly certain that a serious language confusion is occurring. Multiple supervisors and customer care staff have been involved and each time we contact them, it just seems to get worse.</p>	<p>The queues were all over the place, people wandering in and out of the lines, baggage all over the place and people getting generally angry and frustrated, as we were.</p> <p>The initial response from the airline was that all flights with my name on them had to be immediately cancelled incurring hefty fees (mainly from travel agent) with an expected refund wait of between 12 and 18 weeks. Apparently, this was due to the policies of the airlines. That seemed a drastic response to such a minor problem.</p>	<p>What I will say is that we were made to wait for food, then given other than what we asked for. We were then told we were not permitted to have any wine with our meal, accused of being 'drunken' passengers!! (we are occasional drinkers only and then only one or two, so this hurt). When chief steward intervened we were showered with gifts to placate us but the damage had been done. Food awful, service as described, toilets and plane absolutely filthy, pools of water in the toilets, blocked, smelly. A total disaster.</p>
Banking	<p>The customer service of the bank is awful. In my recent calls, the first bank representative after having taken all my information and heard my inquiries said she would transfer me to another person but the call continued as a fresh one. Then I got to talk with another representative and he did the same. So, I spent two hours telling 4 different people the same thing and at the end the phone got just disconnect without getting any answer at all. What a shame for a reputed bank like this to have such low level of customer service. I have account in this bank for the past 3 years and hardly called them, but whenever I did, I felt awfully frustrated</p>	<p>Ever try calling the local number for a banking branch? I only had to keep calling for an HOUR before they finally answered! I called the national number and asked them to call them on the internal number. When they patched me through I got voicemail. The second time I called the national number they tried again, nothing. Then the national agent said she was going to call the branch manager. I ended up being connected to a wrong number; it was someone's cell. I was about to just give up, but I tried one last time and they FINALLY ANSWERED!</p>	<p>Someone recently hijacked one of my credit cards, and it wasn't discovered until I received my bill (over \$8,000, mostly in gas station charges). I thought they should have caught it, since it was a card that generally didn't have more than \$300 or \$400 a month in charges -- and I never filled my tank with gas 20 or 30 times a day!</p> <p>In all, though, I'm pleased with the bank. The staff is friendly and helpful, they open lines when it's crowded, and they've kept my money safe and secure. According to my check re-order form, I've been with them for 23 years. I trust that's right</p>
ALF	<p>The majority of our staff are kind caring people who work extremely hard to make things as comfortable as possible</p> <p>They kept her clean, fed and established a daily routine that was not much different than what she had at my house. They were kind to her. I went there often and they showed me how things happened behind the scenes, like bathroom and bathing. The administrators were worthless and had no touch with the individual floors. They walked around with their 3 piece suits and did not make eye contact. I relied on the staff that took care of her and their supervisor and they knew I cared. I complimented them in how they took care of her and interacted with the other patients.</p>	<p>They are short staffed, 15 residents to one care taker at night. Even going in and out of the kitchen leaves residents unattended. Not many activities to engage my mom. She mostly sits in front of a tv. My mother just two days ago, went out on the front porch with other residents and got up and follow two other younger Alzheimers residents going for a walk...remember no supervision. Of course she cannot see so she missed stepped off the side walk and she toppled over, laying there for several minutes before the caregiver came back inside. She banged up her knee and has really had a set back in her mental state. I'd like to move her to a better more fully staffed facility with an Alzheimers/memory lost locked down unit.</p>	<p>The ALF also avoids taking her to necessary doctor appointments. There is always an excuse as to why they cannot, yet they advertise about all the things they can provide to entice people to live there. Since June, she has been in rehab 4 times for her ankle, UTI's and COPD. I understand it's difficult to staff facilities, I really do but I know that when I provide a service to someone and fall short from time to time, I have to figure out the solution....not the customer. She does not like the food so the staff at the facility asked I bring her meals EACH DAY for lunch and dinner!! Is it me, or is that ridiculous?</p>

Given the variability between the industries, the researcher decided to move forth with the quantitative analysis to identify whether differences existed in the testing of scales. As such, a questionnaire was developed and tested on the three different industries to see if different factor structures came forth of ideal behaviors and attitudes for service providers dealing with customer vulnerability in different contexts.

### **Quantitative Analysis Results**

The quantitative analysis portion of the study was conducted between the months of July and August of 2013. The study first consisted of a pilot study to test the validity and reliability of the questionnaire that was to be distributed in the main study. In addition, the pilot study gave the researcher valuable information regarding what could be expected for the main study, including average length of time it took participants to complete the questionnaire and feedback regarding confusing, conflicting and redundant questionnaire items.

After the pilot study was completed and analyzed, the researcher was able to launch the full study. Three separate questionnaires were distributed to participants within the areas of air travel, banking, and assisted living facilities. After the results were collected, the data was analyzed and reported.

## Pilot Study Results

The pilot study of the quantitative portion of the study commenced during the month of July of 2013. A trial version of the questionnaire was available using Qualtrics software. Demographics were first collected in order to gain a profile of the respondents that participated in the pilot study. The demographics can be viewed in Table 5.

Table 5: Pilot Study Demographics

		Frequency	Total	Percent%	Total %
Gender	<i>Female</i>	26		67%	
	<i>Male</i>	13	39	33%	100%
Age	<i>18-25</i>	6		16%	
	<i>26-34</i>	16		40%	
	<i>35-44</i>	4		11%	
	<i>45-54</i>	7		18%	
	<i>55-64</i>	5		13%	
	<i>65 and over</i>	1	39	2%	100%
Marital Status	<i>Single (Never Married)</i>	18		47%	
	<i>Married</i>	18		47%	
	<i>Divorced</i>	3		6%	
	<i>Domestic Partnership</i>	0		0%	
	<i>Widowed</i>	0	39	0%	100%
Racial Background	<i>Caucasian</i>	36		93%	
	<i>African American</i>	0		0%	
	<i>Asian</i>	1		2%	
	<i>Hispanic</i>	2		4%	
	<i>Other</i>	0	39	0%	100%
Level of Education	<i>High school graduate</i>	4		9%	
	<i>Associate's degree</i>	10		27%	
	<i>Bachelor's degree</i>	14		36%	
	<i>Master's degree</i>	10		27%	
	<i>Doctoral degree</i>	1	39	2%	100%
Employment Status	<i>Student</i>	4		9%	
	<i>Full-Time</i>	26		69%	
	<i>Part-Time</i>	4		9%	
	<i>Unemployed</i>	1		4%	
	<i>Retired</i>	4	39	9%	100%
Personal Income	<i>Under \$25,000</i>	12		31%	
	<i>\$25,000-\$49,999</i>	14		36%	
	<i>\$50,000-\$75,999</i>	6		15%	
	<i>\$76,000-\$99,999</i>	2		6%	
	<i>Over \$100,000</i>	1		2%	
	<i>Decline to Answer</i>	4	39	10%	100%

The survey was successfully completed by thirty-nine (39) participants. An additional six surveys were deemed unusable due to incomplete data. This represents a response rate of sixty-nine percent (69%). Of the thirty-nine participants, thirty-three percent (33%) were male and sixty-seven percent were female. Approximately forty-seven percent (47%) of participants were single (never married, forty-seven percent (47%) were married, and seven percent (7%) were divorced. Seven percent (7%) of participants were aged 18-25, forty percent (40%) of participants were aged 26-34, eleven percent (11%) were aged 35-44, eighteen percent (18%) were aged 45-54, thirteen percent were aged 55-64, and two percent (2%) of participants were aged 65 and over. Participants represented a racial background of ninety-three percent (93%) Caucasian, four percent Hispanic (4%), and two percent (2%) Asian. Thirty-six percent (36%) of participants had earned a bachelor's degree, with twenty-seven percent (27%) having educational experience at the associate's level and twenty-seven percent (27%) having earned a degree at the master's level. Two percent (2%) of participants indicated that they had completed a doctoral level degree.

Roughly sixty-seven percent (67%) of participants were employed full-time, nine percent (9%) considered themselves to be employed part-time, and seven percent (7%) indicated that they were currently unemployed. Nine percent (9%) of participants indicated that they were retired, and nine percent (9%) indicated that they were students. Thirty-six percent (36%) of participants reported a total personal income of \$25,000-\$49,999, thirty-one percent (31%) reported a total personal income of less than \$25,000, sixteen percent (16%) reported an income of \$50,000-\$75,999, seven percent (7%) reported an income level of \$76,000-\$99,999, and two percent (2%) of participants reported an income of over \$100,000. Nine percent (9%) of participants declined to answer.

In terms of language ability, fifty-eight percent (58%) of participants indicated that they were able to speak one language fluently, with basic knowledge of only one other language. Twenty-percent (20%) of participants indicated that they were only able to speak one language fluently, with no knowledge of other languages. Eighteen percent (18%) of participants indicated that they were able to speak one language fluently with basic knowledge of two or more other languages. Only four percent (4%) of respondents noted that they could speak two languages fluently.

In the first portion of the questionnaire, participants were asked to recall a time in which they felt vulnerable or a loss of personal control during a service encounter. Participants were able to select an industry of their choice and were not given a specific industrial context in which to recall their feelings of vulnerability. The pilot study scale was developed using existing valid and reliable scales that test different behavioral and attitudinal dimensions of human interactions and that have been applied to a variety of different marketing contexts. Scales that were included in the questionnaire included items from Parasuraman et al.'s (1988) SERVQUAL model (reliability items, responsiveness items, and empathy items, representing Cronbach's  $\alpha = .83, .82,$  and  $.81,$  respectively), empathetic concern items from Davis's (1980) Interpersonal Reactivity Index (Cronbach's  $\alpha = .71$  for males and  $.75$  for females), compassion items derived from Sprecher and Fehr's (2005) Compassionate Love Scale: Stranger-Humanity Version (Cronbach's  $\alpha = .95$ ), and advocacy items from Bu and Jezewski's (2007) nursing advocacy scale development (safeguarding autonomy items, action items, and social justice items, representing Cronbach's  $\alpha = .95, .89,$  and  $.96,$  respectively). Other questionnaire items were developed from qualitative studies by Eloranta et al.'s (2010) research on psychological well-being, Hepple et al.'s (1990) research on hospitality in healthcare, Gilje's (2004) research on hospitality in

nursing, Berry et al's (2008) research on ideal physician behaviors, and Jeon's (2004) research on mutuality. The pilot questionnaire items were based upon a seven-point Likert scale. For the main study (described later in the chapter), the questions were revised for applicability to the particular industry being surveyed.

Roughly sixty-four percent (64%) of respondents indicated that they experienced feelings of customer vulnerability within the past six months, with thirty percent (30%) of that figure indicating that they felt vulnerable during a service encounter within the past month. Additionally, sixty-eight percent (68%) of respondents indicated that they interacted with the business in which they experienced the feelings of vulnerability within the past six months, with forty-three percent (43%) of this figure indicating that they interacted with the business within the past month. Seventy percent (70%) of respondents indicated that they had familiarity with the business in which they experienced the vulnerability, with an overwhelming majority of fifty-two percent (52%) of respondents indicating that they had purchased from the business at least a couple of times in the past. Thirty percent (30%) of respondents indicated that it was the first time they had ever purchased from or interacted with that particular company.

The initial analysis of the data warned for nonpositive definite results. Nonpositive definite results occur when a statistical matrix contains eigenvalues of zero or negative numbers (Wothke, 1993). This may occur for several reasons, such as linear dependency or general typographical errors, however, in the case of the pilot study, the likely reason for nonpositive definite results lies with the size of the sample. Because the pilot study contained a very small sample ( $n=39$ ), it was determined that the scale was too large to properly calculate positive definite results. Therefore, the current scale had to be significantly reduced in order for the

analysis to continue. Through an investigation of the correlation matrix, several items were dropped from the questionnaire for analysis.

After eliminating nearly half of the scale items that included low correlations with the other variables, a Cronbach's alpha test was run for verification of reliability. The adjusted scale's reliability coefficient yielded a result of .987 ( $n= 39$ ). Through an investigation of the descriptive statistics (Table 6), it can be noted that the standard deviations are all smaller than their respective means and no standard deviations are remarkably larger than those of the other variables. This measures the approximate amount of variability in the distribution of the variance between user responses.

The maximum likelihood estimation procedure was then used to extract factors from the variable data. First, the Kaiser-Meyer-Okin (KMO) measure of sampling adequacy and the Bartlett's Test of Sphericity were performed in order to determine the strength of factorability, or appropriateness, for the factor analysis to be conducted (Pallant, 2005). This test should be statistically significant ( $p < .05$ ) with a KMO value of greater than .60. For the current air travel study, the KMO value was .766 and the Bartlett's Test of Sphericity resulted in a statistically significant value of  $p < .001$ . According to the KMO value and the significance of the Bartlett's Test, factor analysis was deemed appropriate for the current set of data given the requirement of a reduction in scale items due to the small sample size.

Kaiser's criterion was then used to determine the amount of total variance explained by each factor (Pallant, 2005), in addition to a consultation of the screeplot. Essentially, this tells the researcher which factors are most eligible for interpretation by retaining only factors with an eigenvalue of 1.0 or above. Using this rule two factors were extracted for interpretation. These two factors are capable of explaining roughly 81.45% of the total variable variances. An in-depth



review of the initial factor loadings suggested that the proper solution was attained through maximum likelihood, as it was capable of converging in 10 iterations. The results do not warn against a nonpositive definite output, therefore an important condition for proceeding with interpretation has been met.

Additionally, inspection of the communalities indicated that the results posed no issues for interpretation. With greater confidence that maximum likelihood is appropriate, interpretation of the results is permissible. Once the factors were extracted using maximum likelihood, linear transformation of the data was performed in order to aid in the interpretation of the results. Promax rotation was chosen due to its assumption that nonzero correlations among factors are theoretically sound.

Interpretation of the factor correlation matrix indicated that the Promax solutions can be further interpreted, given that the correlations exceeded the value of .25, which occurred with a value of .785. Observation of the structure matrix coefficients indicated that, during a time when they felt vulnerable, participants viewed the attitudes of behaviors of service providers in a very discernible way. During service interactions in which participants' felt a sense of vulnerability, the experience can be indicative of a transformative service exchange in regard to the two factors which were extracted from the study. How respondents rated for example, how connected they felt (or did not feel) to the company tended to be similar to how they responded to the remaining variables of that factor. The same can be said of the second factor extracted; respondents likely felt equally positive or negative regarding the other variables. Therefore, for ease of discussion, the factors will be label Relationship Intent (Factor 1) and Compassion (Factor 2). The dimension of relationship intent is mostly derived of question items that were developed from Bu and Jezewski's (2007) advocacy items for nursing, Jeon's (2004) mutuality items based upon the

Nurse-Caregiver Relationship model, and Gilje's (2004) hospitality in nursing items. The dimension of compassion was mostly comprised of items developed from Parasuraman's et. al 's (1988) SERVQUAL empathy dimension, empathic concern items from Davis's (1980) Interpersonal Reactivity Index, and compassion items from Sprecher and Fehr's (2005) Compassionate Love Scale: Stranger-Humanity Version. Table 6 gives a depiction of the overall results of the pilot study.

Table 6: Pilot Study Results

Factors	Factor Loading	Mean Score	SD	Eigenvalue	% of variance	Cumulative % of Variance	Cronbach Alpha
Relationship Intent				20.30	75.19	75.19	.984
<i>Felt Connected With Company</i>	.971	2.94	1.84				
<i>Felt Welcomed By Company</i>	.969	3.20	1.90				
<i>Felt Accepted By Company</i>	.961	2.89	1.77				
<i>Helped Me Feel at Ease</i>	.947	2.91	1.92				
<i>Had Mutual Respect for Me</i>	.929	3.03	1.80				
<i>Had Mutual Trust of Me</i>	.923	3.17	1.78				
<i>Monitored Quality of Service</i>	.919	2.97	1.91				
<i>Committed to Maintaining a Relationship with Me</i>	.910	3.31	1.84				
<i>Worked Towards Goal of Excellent Service</i>	.905	3.23	1.98				
<i>Helped Alleviate My Anxiety</i>	.899	3.03	1.80				
<i>Instilled Confidence in Me</i>	.857	3.09	1.97				
<i>Acted in My Best Interests</i>	.833	3.43	1.89				
<i>Always Willing to Help</i>	.806	3.57	2.05				
<i>Questioned Procedures That Do Not Promote Quality Service</i>	.730	3.03	1.52				
Compassion				1.69	6.26	81.45	.977
<i>Concerned for Humankind</i>	.947	3.20	1.71				
<i>Felt Selfless Caring for Others</i>	.943	2.91	1.61				
<i>Type to Reach Out to Someone Sad</i>	.911	3.11	1.67				
<i>Gives Compassion in Difficult Time</i>	.909	2.91	1.68				
<i>Compelled to Do Almost Anything to Help</i>	.899	2.77	1.69				
<i>Had Tender Feelings Towards Me</i>	.891	2.71	1.75				
<i>Showed Compassion Even Towards Strangers</i>	.890	3.09	1.68				
<i>Touched By Things that Happen</i>	.878	3.00	1.97				

Factors	Factor Loading	Mean Score	SD	Eigenvalue	% of variance	Cumulative % of Variance	Cronbach Alpha
<i>Wished to be Kind to Others</i>	.819	3.43	1.67				
<i>Would Rather Suffer Themselves than See Someone Suffer</i>	.811	2.43	1.52				
<i>Are Happy When Others are Happy</i>	.792	3.51	1.77				
<i>Describe Themselves as Softhearted</i>	.776	3.23	1.68				

Based upon 7-point Likert scale; 1 representing Strongly Disagree and 7 representing Strongly Agree; N=39

It should be noted, however, that the results of the pilot study may be partially inaccurate due to the small sample size and the overall reduction of the scale to avoid nonpositive definite results.

#### *Questionnaire Qualitative Comments*

The pilot questionnaire also gave respondents the opportunity to submit qualitative comments regarding their experiences with feelings of vulnerability during service transactions.

Several respondents provided comments that supported the quantitative results of the pilot study.

When in a retail establishment you are always vulnerable and at the mercy of employees. At this particular retail establishment, the cashier/manager is always rude, abrupt, and condescending. Always leaves customers feeling vulnerable and mad. The employee who provided the service is an excellent employee and always provides great customer service. The cashier/manager of this business is always slow, rude, condescending and does not care about providing good customer service. She sets a poor example for the company.

I ordered business cards from a printing company. I called previously to see how long it would take. I needed a quick turn around. I called the day they were supposed to be ready and told them I needed to pick them up by 4:00. They told me the cards were not ready, but would be by that time. When I went to pick up, they explained the colors didn't come out, and gave me something to hold me over until they perfected them. I never heard anything for over a week. I finally called them to check the status and let them know I was coming to pick them up. The rep told me the cards were not there and had been

shipped to the address on the card, which happened to be an address that wasn't in business yet. I had to drive to another city to find them sitting in a UPS office with no address known. No one called me, no one ever followed through. It was very frustrating and I was livid but if I wanted my cards, I had to go track them down.

I have been dealing with a nursing company that comes to my mother's house. The nurses that come in have no idea how to take care of her and are clueless on the smallest of jobs that CNA's should have basic knowledge of. It is very frustrating depending on others to do their job properly.

The sales person became overbearing, which made me shut down dialog due to my lack of comfort, regardless of whatever deal was promised.

I am dealing with an appliance insurance company over the phone to cover the repairs on my home range - they did a poor job managing the sub-contractor that they sent to fix the problem and were initially unwilling to assist. It took some loud, strong language on my part to get any results. The entire process took 3 months and several visits to the house by the same contractor with no results. It was only when I demanded a different repair person did the issue get resolved.

While most of the comments were negative in nature, respondents mentioned issues of feeling frustrated due to lack of attention, lack of compassion or empathy, and lack of intentions to monitor the quality of service or build meaningful relationships with consumers. These issues are clearly associated with respondents' feelings of vulnerability, in which the service providers did not display attitudes of compassion towards the consumers, nor did they make efforts towards advocating for consumers to have satisfactory service experiences, providing mutual support to recover from service failures, or seeking to build lasting relationships.

## Main Study

The main quantitative study consisted of questionnaires that were distributed on consumer forums during a time period from August 2013 to September 2013. Questionnaires were modified slightly to be most applicable to the industry in which the data collected occurred (i.e. questions regarding “varied food choice” would not be a valid item for a questionnaire focused on the banking industry). A total of 543 surveys were collected across the three industries. The participants were recruited via online consumer forums that exist for informational purposes and in support of consumers in the areas of air travel, assisted living facilities, and banking. Recruitment via social media was also utilized as a supplementary means of data collection, however, it was only used in the event that responses could not be collected via the consumer forums (i.e. posts not approved by moderators).

### *Air Travel Study Results*

A questionnaire regarding customer vulnerability as applicable to the air travel industry was posted on three different Internet travel specific consumer forums. The questionnaire included a brief invitation to users to participate in the study, the purpose of the study, and the researcher’s ethical handling of user responses (See Appendix C). According to the combined forums’ statistics, the posting about the questionnaire was viewed by approximately 397 different users. A total of 237 questionnaires were collected. Of this figure, 41 responses were excluded from the final analysis due to partial or non-responses. Because the questionnaire was successfully completed by 196 participants, this yields a response rate of about 49.3 percent.

Table 7 gives a detailed depiction of respondents’ demographics. A generalized profile of participants reveals that the majority of respondents were Caucasian single females under the age

of 35 with at least an associate’s level education, and full-time employment where they earn less than \$50,000 a year. While the demographical data does not show any overwhelming skewedness towards one group over another, a largely female participation rate may be due to women’s general interest in travel planning, the use of the consumer forums for advice in travel planning, or a possible greater likelihood that women feel more vulnerable during travel experiences than their male counterparts.

Table 7: Air Travel Study Demographics

		Frequency	Total	Percent%	Total %
Gender	<i>Female</i>	120		61.2%	
	<i>Male</i>	76	196	38.8%	100%
Age	<i>18-25</i>	82		41.8%	
	<i>26-34</i>	39		19.9%	
	<i>35-44</i>	35		17.9%	
	<i>45-54</i>	22		11.2%	
	<i>55-64</i>	16		8.2%	
	<i>65 and over</i>	2	196	1.0%	100%
Marital Status	<i>Single (Never Married)</i>	105		53.6%	
	<i>Married</i>	67		34.2%	
	<i>Divorced</i>	19		9.7%	
	<i>Domestic Partnership</i>	4		2.0%	
	<i>Widowed</i>	1	196	0.5%	100%
Racial Background	<i>Caucasian</i>	143		73.0%	
	<i>African American</i>	7		3.6%	
	<i>Asian</i>	14		7.0%	
	<i>Hispanic</i>	26		13.3%	
	<i>Other</i>	5		2.6%	
	<i>No Response</i>	1	196	0.5%	100%
Level of Education	<i>High school graduate</i>	35		17.9%	
	<i>Associate’s degree</i>	74		37.8%	
	<i>Bachelor’s degree</i>	35		17.9%	
	<i>Master’s degree</i>	44		22.4%	
	<i>Doctoral degree</i>	8	196	4.0%	100%
Employment Status	<i>Student</i>	40		20.5%	
	<i>Full-Time</i>	107		54.6%	
	<i>Part-Time</i>	43		21.9%	
	<i>Unemployed</i>	2		1.0%	
	<i>Retired</i>	4	196	2.0%	100%
Personal Income	<i>Under \$25,000</i>	81		41.3%	
	<i>\$25,000-\$49,999</i>	37		18.9%	
	<i>\$50,000-\$75,999</i>	22		11.2%	
	<i>\$76,000-\$99,999</i>	11		5.6%	
	<i>Over \$100,000</i>	8		4.1%	
	<i>Decline to Answer</i>	37	196	18.9%	100%

Information regarding respondents' familiarity with air travel companies and their travel experiences was also collected (Table 8). This profile reveals that respondents are relatively frequent travelers, with about seventy percent (70%) indicating that they had traveled by air within the past year. The majority of respondents were on personal trips (77.6%), flown within their country of origin (74%) when recalling their feelings of vulnerability during the air travel experience. Almost half of respondents (46.9%) recalled feeling vulnerable during an air travel experience within the past year.

Table 8: Respondents' Familiarity with Air Travel Experiences

		Frequency	Total	Percent%	Total %
How long ago did you last interact with a travel company?	<i>Within past month</i>	40		20.4%	
	<i>Within past six months</i>	61		31.1%	
	<i>Six months to one year ago</i>	36		18.4%	
	<i>One to two years ago</i>	35		17.9%	
	<i>Three to five years ago</i>	20		10.2%	
	<i>More than five years ago</i>	4	196	2.0%	100%
How often do you travel by plane?	<i>At least once per week</i>	1		0.5%	
	<i>At least once per month</i>	5		2.6%	
	<i>Once every 2-3 months</i>	39		19.9%	
	<i>Once every 6 months</i>	45		23.0%	
	<i>Once every year</i>	56		28.6%	
	<i>Once every few years</i>	42		21.4%	
	<i>More than five years ago</i>	8	196	4.0%	100%
How long ago did you feel vulnerable during an air travel experience?	<i>Within past month</i>	14		7.1%	
	<i>Within past six months</i>	38		19.4%	
	<i>Six months to one year ago</i>	40		20.4%	
	<i>One to two years ago</i>	46		23.5%	
	<i>Three to five years ago</i>	36		18.4%	
	<i>More than five years ago</i>	21		10.7%	
	<i>No Response</i>	1	196	0.5%	100%
Familiarity with Company	<i>First Time Experience</i>	65		33.2%	
	<i>Experienced Couple Times</i>	58		29.6%	
	<i>Frequent User of Company</i>	58		29.6%	
	<i>Exclusive Use of Company</i>	15	196	7.6%	100%
Purpose of Trip	<i>Personal</i>	152		77.6%	
	<i>Business</i>	31		15.8%	
	<i>Other</i>	13	196	6.6%	100%
Type of Travel	<i>Domestic</i>	145		74.0%	
	<i>International</i>	49		25.0%	
		2	196	1.0%	100%

The analysis of the data was performed using exploratory factor analysis (EFA). The analysis took place using SPSS Version 22 statistical software package. One hundred and ninety-six responses were imported into the program. There was no indication of nonpositive definite results, therefore interpretation of the data continued. Cronbach's alpha test was run for verification of reliability. The scale's reliability coefficient yielded a result of .993 (n= 196). Through an investigation of the descriptive statistics (Table 9), it can be noted that the standard deviations are all smaller than their respective means and no standard deviations are remarkably larger than those of the other variables.

The maximum likelihood estimation procedure was then used to extract factors from the variable data. The Kaiser-Meyer-Okin (KMO) measure of sampling adequacy and the Bartlett's Test of Sphericity were performed in order to determine the strength of factorability, or appropriateness, for the factor analysis to be conducted. Again, this test should be statistically significant ( $p < .05$ ) with a KMO value of greater than .60. For the current air travel study, the KMO value was .962 and the Bartlett's Test of Sphericity resulted in a statistically significant value of  $p < .001$ . According to the KMO value and the significance of the Bartlett's Test, factor analysis was deemed appropriate for the current set of data.

Kaiser's criterion was then used to determine the amount of total variance explained by each factor (Pallant, 2005). Essentially, this tells the researcher which factors are most eligible for interpretation by retaining only factors with an eigenvalue of 1.0 or above. Using this rule two factors were extracted for interpretation (See Table 16). These two factors are capable of explaining roughly 79.485% of the variable variances. The screeplot of initial loadings was also consulted.



An in-depth review of the initial factor loadings suggested that the proper solution was attained through maximum likelihood, as it was capable of converging in 7 iterations. The results do not warn against a nonpositive definite output, therefore an important condition for proceeding with interpretation has been met. Additionally, inspection of the communalities indicated that the results posed no issues for interpretation. With greater confidence that maximum likelihood is appropriate, interpretation of the results is permissible. Once the factors were extracted using maximum likelihood, linear transformation of the data was performed in order to aid in the interpretation of the results. Promax rotation was chosen due to its assumption that nonzero correlations among factors are theoretically sound.

Interpretation of the factor correlation matrix indicated that the Promax solutions can be further interpreted, given that the correlations exceeded the value of .25, which they do with a value of .829. Observation of the structure matrix coefficients indicated that, during a time when they felt vulnerable during an air travel experience, participants viewed the attitudes and behaviors of service providers across two dimensions. During service interactions in which participants' felt a sense of vulnerability, the experience can be indicative of transformative in regard to the two factors which were extracted from the study. How respondents rated for example, if they felt (or did not feel) service providers were compelled to do almost anything to help them tended to be similar to how they responded to the remaining variables of that factor. The same can be said of the second factor extracted; respondents likely felt equally positive or negative regarding the other variables. Therefore, for ease of discussion, the factors will be labeled Task Humanism (Factor 1) and Task Functionality (Factor 2). The dimension of task humanism is mostly derived of question items that were developed from empathic concern items from Davis's (1980) Interpersonal Reactivity Index, compassion items from Sprecher and Fehr's

(2005) Compassionate Love Scale: Stranger-Humanity Version, Gilje's (2004) hospitality in nursing items, Bu and Jezewski's (2007) advocacy items for nursing, Parasuraman et al. 's (1988) SERVQUAL empathy dimension and Jeon's (2004) mutuality items based upon the Nurse-Caregiver Relationship model. The dimension of task functionality was mostly comprised of items developed from Parasuraman et al.'s (1988) SERVQUAL reliability dimension, the responsiveness dimension, and the assurance dimension. It should be noted that Davis's empathy items and some of Parasuraman et al.'s empathy items did not load on the same factor. Table 9 gives a depiction of the overall results of the air travel study.

Table 9: Air Travel Study Results

Factors	Factor Loading	Mean Score	SD	Cronbach Alpha	Eigenvalue	% of variance	Cumulative % of Variance
Task Humanism				.992	36.53	76.09	76.09
<i>Compelled to Do Almost Anything to Help</i>	.932	4.13	1.82				
<i>Had Mutual Trust of Me</i>	.926	4.37	1.93				
<i>Gives Compassion in Difficult Time</i>	.925	4.22	1.82				
<i>Type to Reach Out to Someone Sad</i>	.921	4.07	1.79				
<i>Felt Pain and Joy of Others</i>	.920	4.13	1.70				
<i>Felt Selfless Caring for Others</i>	.917	4.01	1.80				
<i>Showed Compassion Even Towards Strangers</i>	.915	4.15	1.80				
<i>Concerned for Humankind</i>	.915	4.07	1.80				
<i>Wished to be Kind to Others</i>	.914	4.35	1.85				
<i>Had Tender Feelings Towards Me</i>	.902	4.06	1.86				
<i>Had Mutual Respect for Me</i>	.900	4.19	1.87				
<i>Felt Welcomed By Company</i>	.898	4.56	1.86				
<i>Were Collaborative &amp; Helpful</i>	.897	4.40	1.84				
<i>Worked Toward Goal of Quality Service</i>	.896	4.38	1.97				
<i>Tried to See Through My Eyes</i>	.896	4.24	1.90				
<i>Felt Connected With Company</i>	.894	4.24	1.88				
<i>Felt Accepted By Company</i>	.893	4.33	1.87				
<i>Committed to Maintaining a Relationship</i>	.890	4.36	2.00				
<i>Would Rather Suffer Themselves Than See Someone Suffer</i>	.890	3.80	1.84				
<i>Understood My Feelings</i>	.889	3.97	1.87				
<i>Expressed Concerns Without Judgment</i>	.997	4.40	2.01				

Factors	Factor Loading	Mean Score	SD	Cronbach Alpha	Eigenvalue	% of variance	Cumulative % of Variance
<i>Monitored Quality of Service</i>	.882	4.15	1.89				
<i>Reflected on My Attitudes</i>	.880	4.31	1.80				
<i>Describes Themselves as Softhearted</i>	.878	4.10	1.86				
<i>Supported My Values</i>	.875	4.16	1.72				
<i>Represented My Wishes</i>	.872	3.94	1.66				
<i>Are Happy When Others are Happy</i>	.865	4.41	1.87				
<i>Helped Give Voice to My Values</i>	.862	4.10	1.87				
<i>Provided Positive Feedback</i>	.849	4.07	1.68				
<i>Questioned Procedures that Do Not Promote Quality Service</i>	.848	3.87	1.74				
<i>Alert of Unethical Service Practices</i>	.845	4.11	1.69				
<i>Acted Friendly to Me</i>	.820	4.86	1.74				
Task Functionality				.977	1.63	3.39	79.49
<i>Had My Best Interests at Heart</i>	.907	4.17	1.85				
<i>Understood My Needs</i>	.903	4.41	1.91				
<i>Instilled Confidence in Me</i>	.889	4.13	2.02				
<i>Always Willing to Help</i>	.877	4.55	1.98				
<i>Provided Prompt Service</i>	.877	4.49	1.92				
<i>Had Sincere Interest in Helping</i>	.803	4.28	1.89				
<i>Never Too Busy to Help</i>	.854	4.34	1.95				
<i>Performed Services Right the First Time</i>	.853	4.41	1.97				
<i>Performed Service By a Certain Time</i>	.850	4.35	1.80				
<i>Performed Service When Promised</i>	.844	4.49	1.92				
<i>Had Knowledge to Answer Questions</i>	.825	4.51	1.95				
<i>Consistently Courteous</i>	.823	4.89	1.79				
<i>Gave Individualized Attention</i>	.819	4.59	1.96				
<i>Felt Safe in My Interactions</i>	.798	4.69	1.79				
<i>Was Told When Services Would Be Performed</i>	.788	4.50	1.92				
<i>Insisted on Error Free Records</i>	.780	4.49	1.85				

Based upon 7-point Likert scale; 1 representing Strongly Disagree and 7 representing Strongly Agree

### *Air Travel Qualitative Comments*

The air travel questionnaire also gave respondents the opportunity to submit qualitative comments regarding their experiences with feelings of vulnerability during air travel

experiences. Several respondents provided comments that supported the quantitative results of the air travel study.

My flight was coming into Atlanta from Oklahoma. I was supposed to catch another flight to Daytona, but we were late getting into Atlanta--so late that stewardess had me be first off plane. I literally ran through airport catching trams and running. I reached the departure gate to be told my flight was already taxing down runway .The next flight would not be until 5a.m. the next morning. I told the airline attendant that my bags were on that plane and all I had was what I was wearing .They told me to just wait in airport. Upset and dejected, I started to walk off when a lady with the airline said, "Sir come here." She gave me a free night stay at a hotel and a small bag containing deodorant, toothpaste, and a razor. That small gesture of kindness left me elated.

This is an example where the service provider handled a situation that, while it was out of the company's control, they accommodated the customer in a way in which they could be comfortable and well taken care of. In addition, the service provider even provided the customer with a small bag of vital toiletries to help the customer.

I have flown with this company over twenty times, this is the first time I have ever had a bad experience. Usually all the attendants on the plane are nice and accommodating. However one time when the pressure was not right, mine and my friends' eyes felt like they were going to pop out of our heads. We became very frightened and it hurt really bad. We notified the air attendants and they were unsure of what to do and started to freak out a little and just told us it will get better soon. They did not help in anyway. It made me feel vulnerable and afraid because I have never had something like that happen to me before.

In this example, the customers became physically uncomfortable and frightened. Instead of addressing the situation or offering assistance, the flight attendants chose to ignore the situation which in turn did not provide the customers with much confidence in their ability to properly serve them or help them feel safe during their travel experience.

I was traveling to New York. I normally fly with a particular airline but another had a good price and it was an emergency. My aunt was dying of cancer and I was very stressed, fatigued, and sad. I got there early like I always do. While waiting at the gate, I

looked out, saw the plane, and read the signs that said the flight was running late. Out of curiosity, I decided to go ask one counter if they had any idea when the flight might depart. I then find out that the airline decided to move the gate to another location, and the flight which they announced was late had already left. I lost my mind and I was not the only one either. Myself, along with other families, were ranting and raving that we never heard any information over the teleprompter. They made no announcement, nor called names before the flight left. I explained to the airline manager about the situation, that my aunt was dying and that it was urgent for me to get to New York. I was not given the least bit of sympathy, not even an apology. Instead, there was a manager who kept saying there was nothing they could do. I could not believe the lack of attention, concern, or customer service that this airline had! I was shocked. They offered nothing, not even a chance for me to upgrade to a sooner flight, nothing. Instead they told me to find another airline if I was in such a hurry. I sat there crying at the airport. I could not believe an airline would treat a customer this way. I would never ever again fly with this airline, even if they gave me free tickets for life. I would never board their plane and I make sure to tell others to never fly with them.

This customer was already feeling emotionally vulnerable due to the situation with a terminally ill family member. The airline's staff seemed to lack empathy and compassion for this individual, nor after essentially being the cause of the customer's flight change, did they make any accommodation to help rebook the flight or provide any sort of comfort, information, or assistance to help this person.

My recent air travel was for a vacation to Georgia. I haven't been on a plane in a couple years and didn't realize that the employees don't check you in anymore. When I walked in, I stood in line and waited for someone to call me so I could get my boarding pass. The employees kept looking at me, but no one ever asked me if I needed help or anything. Finally, I walked up and asked about it nonchalantly, and they replied that I do it myself. When I tried to make conversation, I got ignored and laughed at.

I was traveling to Puerto Rico for the first time and it was also my first time flying over the ocean. I have flown a lot between states but it has always been over land. I was extremely nervous the entire trip and began trying different sorts of techniques to calm my nerves. One of the flight attendants must have noticed me and began to speak in Spanish to her coworker. I do not speak Spanish, but my boyfriend is Puerto Rican and he can. I then asked him what the flight attendant said because she made it obvious she was talking about me and she was not quiet about it either. He said, in short, that she was making fun of me for being afraid of the ocean and going to Puerto Rico. I felt more embarrassed and vulnerable than angry. She was talking about me in a language I didn't

understand and verbally judging me around people who could understand her. After that I noticed a lot of people looking back and snickering at me. I felt awful and uncomfortable.

In both of these situations, both of the passengers indicated that they entered the service experience with feelings of vulnerability due to their lack of familiarity with the environment in which they were entering. Additionally, in both experiences, they indicated that they felt the staff was mocking their anxiety instead of offering functional or humanistic assistance to help ease their feelings of vulnerability.

### *Banking Study Results*

A questionnaire regarding customer vulnerability as applicable to the banking and financial services industry was posted on four different Internet banking specific consumer forums. The questionnaire included a brief invitation to users to participate in the study, the purpose of the study, and the researcher's ethical handling of user responses (See Appendix C). According to the combined forums' statistics, the posting about the questionnaire was viewed by approximately 494 different users. A total of 157 questionnaires were collected. Of this figure, seven were excluded from the final analysis due to partial or non-responses. Because the questionnaire was successfully completed by 150 participants, this yields a response rate of about 30.4 percent.

Table 10 gives a detailed depiction of respondents' demographics. A generalized profile of participants reveals that the majority of respondents were Caucasian single females under the age of 35 with at least an associate's level education, and full-time employment where they earn less than \$50,000 a year. It should be noted that nearly a quarter of respondents declined to provide their total personal income.

Table 10: Banking Study Demographics

		Frequency	Total	Percent%	Total %
Gender	<i>Female</i>	92		61.3%	
	<i>Male</i>	58	150	38.7%	100%
Age	<i>18-25</i>	57		38.0%	
	<i>26-34</i>	22		14.7%	
	<i>35-44</i>	37		24.7%	
	<i>45-54</i>	18		12.0%	
	<i>55-64</i>	16		10.6%	
	<i>65 and over</i>	0	150	0.0%	100%
Marital Status	<i>Single (Never Married)</i>	79		52.6%	
	<i>Married</i>	48		32.0%	
	<i>Divorced</i>	18		12.0%	
	<i>Domestic Partnership</i>	3		2.0%	
	<i>Widowed</i>	1		0.7%	
	<i>No Response</i>	1	150	0.7%	100%
Racial Background	<i>Caucasian</i>	109		72.6%	
	<i>African American</i>	16		10.7%	
	<i>Asian</i>	10		6.7%	
	<i>Hispanic</i>	13		8.6%	
	<i>Other</i>	1		0.7%	
	<i>No Response</i>	1	150	0.7%	100%
Level of Education	<i>High school graduate</i>	23		15.3%	
	<i>Associate's degree</i>	46		30.7%	
	<i>Bachelor's degree</i>	27		18.0%	
	<i>Master's degree</i>	46		30.7%	
	<i>Doctoral degree</i>	8	150	5.3%	100%
	Employment Status	<i>Student</i>	29		19.3%
<i>Full-Time</i>		97		64.7%	
<i>Part-Time</i>		21		14.0%	
<i>Unemployed</i>		2		1.3%	
<i>Retired</i>		1	150	0.7%	100%
Personal Income		<i>Under \$25,000</i>	53		35.3%
	<i>\$25,000-\$49,999</i>	24		16.0%	
	<i>\$50,000-\$75,999</i>	24		16.0%	
	<i>\$76,000-\$99,999</i>	14		9.3%	
	<i>Over \$100,000</i>	1		0.7%	
	<i>Decline to Answer</i>	34	150	22.7%	100%

Information regarding respondents' familiarity with financial services companies and their banking experiences was also collected (Table 11). This profile reveals that respondents frequently interact with their banks (either in person, online, or via telephone), with about seventy-seven percent (77.3%) indicating that they had interacted with their bank of choice within the past week. The majority of respondents were using their bank for personal

transactions (94.7%) when recalling their feelings of vulnerability during a banking or financial service experience. Almost forty percent of respondents (38.6%) recalled feeling vulnerable during a banking service experience within the past six months.

Table 11: Respondents' Familiarity with Banking Experiences

	Frequency	Total	Percent%	Total %
How long ago did you last interact with your bank?				
<i>Within past week</i>	116		77.3%	
<i>Within past month</i>	22		14.7%	
<i>Within past six months</i>	7		4.7%	
<i>Six months to a year ago</i>	1		0.7%	
<i>More than a year ago</i>	4	150	2.6%	100%
How long ago did you feel vulnerable during a banking experience?				
<i>Within past month</i>	29		19.3%	
<i>Within past six months</i>	29		19.3%	
<i>Six months to one year ago</i>	47		31.3%	
<i>One to two years ago</i>	25		16.7%	
<i>Three to five years ago</i>	12		8.0%	
<i>More than five years ago</i>	8	150	5.4%	100%
Familiarity with Company				
<i>First Time Experience</i>	13		8.7%	
<i>Experienced Couple Times</i>	24		16.0%	
<i>Frequent User of Company</i>	88		58.7%	
<i>Exclusive Use of Company</i>	25	150	16.6%	100%
Purpose of Transaction				
<i>Personal</i>	122		94.7%	
<i>Business</i>	2		1.3%	
<i>Other</i>	6	150	4.0%	100%

The analysis of the data was performed using exploratory factor analysis (EFA). The analysis took place using SPSS Version 22 statistical software package. One hundred and fifty responses were imported into the program. There was no indication of nonpositive definite results, therefore interpretation of the data continued. Cronbach's alpha test was run for verification of reliability. The scale's reliability coefficient yielded a result of .993 (n= 150). Through an investigation of the descriptive statistics, it can be noted that the standard deviations are all smaller than their respective means and no standard deviations are remarkably larger than those of the other variables (Table 12).



The maximum likelihood estimation procedure was then used to extract factors from the variable data. The Kaiser-Meyer-Okin (KMO) measure of sampling adequacy and the Bartlett's Test of Sphericity were performed in order to determine the strength of factorability, or appropriateness, for the factor analysis to be conducted. Again, this test should be statistically significant ( $p < .05$ ) with a KMO value of greater than .60. For the current pilot study, the KMO value was .948 and the Bartlett's Test of Sphericity resulted in a statistically significant value of  $p < .001$ . According to the KMO value and the significance of the Bartlett's Test, factor analysis was deemed appropriate for the current set of data.

Kaiser's criterion was then used to determine the amount of total variance explained by each factor (Pallant, 2005). Essentially, this tells the researcher which factors are most eligible for interpretation by retaining only factors with an eigenvalue of 1.0 or above. Using this rule two factors were extracted for interpretation. These two factors are capable of explaining roughly 80.53% of the variable variances. The screeplot of initial loadings for the banking study was also consulted to confirm this finding.

An in-depth review of the initial factor loadings suggested that the proper solution was attained through maximum likelihood, as it was capable of converging in 8 iterations. The results do not warn against a nonpositive definite output, therefore an important condition for proceeding with interpretation has been met. Additionally, inspection of the communalities indicated that the results posed no issues for interpretation. With greater confidence that maximum likelihood is appropriate, interpretation of the results is permissible. Once the factors were extracted using maximum likelihood, linear transformation of the data was performed in order to aid in the interpretation of the results. Promax rotation was chosen due to its assumption that nonzero correlations among factors are theoretically sound.

Interpretation of the factor correlation matrix indicated that the Promax solutions can be further interpreted, given that the correlations exceeded the value of .25, which was achieved with a value of .799. Observation of the structure matrix coefficients indicates that, during a time when they felt vulnerable during a banking experience, participants viewed the attitudes and behaviors of service providers across two dimensions. During service interactions in which participants' felt a sense of vulnerability, the experience can be indicative of being transformative in regard to the two factors which were extracted from the study. How respondents rated for example, if they felt (or did not feel) service providers were collaborative and helpful to them in their time of need tended to be similar to how they responded to the remaining variables of that factor. The same can be said of the second factor extracted; respondents likely felt equally positive or negative regarding the other variables. Therefore, for ease of discussion, the factors will be labeled Maintenance Functionality (Factor 1) and Maintenance Humanism (Factor 2). These results mirror the factor labels on the air travel study, however the structure of each industries factors vary. The dimension of maintenance functionality was mostly comprised of items developed from Parasuraman et al 's (1988) SERVQUAL reliability dimension, the responsiveness dimension, the assurance dimension and the empathy dimension, in addition to Gilje's (2004) hospitality in nursing items, Bu and Jezewski's (2007) advocacy items for nursing, and Jeon's (2004) mutuality items based upon the Nurse-Caregiver Relationship model. The dimension of maintenance humanism is mostly derived empathetic concern items from Davis's (1980) Interpersonal Reactivity Index, compassion items from Sprecher and Fehr's (2005) Compassionate Love Scale: Stranger-Humanity Version, and one item from Bu and Jezewski's (2007) study on advocacy (Questions Procedures). Table 12 gives a depiction of the overall results of the banking study.

Table 12: Banking Study Results

Factors	Factor Loading	Mean Score	SD	Eigenvalue	% of variance	Cumulative % of Variance	Cronbach Alpha
Maintenance Functionality				37.01	75.52	75.52	.991
<i>Were Collaborative &amp; Helpful</i>	.941	5.37	1.79				
<i>Instilled Confidence in Me</i>	.935	4.98	2.06				
<i>Worked Toward Goal of Quality Service</i>	.934	5.21	1.91				
<i>Helped Me Feel at Ease</i>	.932	5.14	1.82				
<i>Always Willing to Help</i>	.928	5.34	1.84				
<i>Committed to Maintaining a Relationship</i>	.926	5.34	1.87				
<i>Had Mutual Respect for Me</i>	.925	5.09	1.68				
<i>Had Sincere Interest in Helping</i>	.917	5.31	1.72				
<i>Had My Best Interests at Heart</i>	.910	5.01	1.72				
<i>Felt Safe in My Interactions</i>	.908	5.14	1.79				
<i>Understood My Needs</i>	.907	5.16	1.75				
<i>Tried to See Through My Eyes</i>	.904	4.76	1.82				
<i>Felt Welcomed By Company</i>	.903	5.24	1.72				
<i>Gave Me Feeling of Hope</i>	.899	4.95	1.76				
<i>Monitored Quality of Service</i>	.895	5.04	1.83				
<i>Expressed Concerns Without Judgment</i>	.893	4.96	1.93				
<i>Gave Adequate Information Regarding Decisions</i>	.881	5.01	1.89				
<i>Consistently Courteous</i>	.880	5.49	1.87				
<i>Never Too Busy to Help</i>	.878	5.22	1.87				
<i>Gave Me Sense of Well-Being</i>	.867	4.75	1.82				
<i>Helped Alleviate Anxiety</i>	.867	5.07	1.85				
<i>Acted as My Defender Against Unethical Actions</i>	.863	4.56	1.74				
<i>Acted Friendly to Me</i>	.855	5.39	1.53				
<i>Performed Service When Promised</i>	.853	5.14	1.78				
<i>Gave Information Regarding Anticipated Routine</i>	.846	5.14	1.76				
<i>Alert of Unethical Service Practices</i>	.839	4.62	1.71				
<i>Provided Adequate Privacy</i>	.838	5.63	1.48				
<i>Gave Individualized Attention</i>	.835	5.55	1.67				
<i>Performed Service By a Certain Time</i>	.818	5.16	1.68				
<i>Had Knowledge to Answer Questions</i>	.802	5.20	1.89				
<i>Provided Positive Feedback</i>	.785	4.56	1.62				
<i>Insisted on Error Free Records</i>	.782	5.17	1.74				

Factors	Factor Loading	Mean Score	SD	Eigenvalue	% of variance	Cumulative % of Variance	Cronbach Alpha
Maintenance Humanism				2.45	5.01	80.53	.987
<i>Type of Person to Reach Out to Someone Feeling Sad</i>	.944	4.50	1.65				
<i>Compelled to Do Almost Anything to Help</i>	.936	4.67	1.60				
<i>Concerned for Humankind</i>	.934	4.51	1.56				
<i>Gave Compassion to Those Going Through Difficult Time</i>	.933	4.72	1.71				
<i>Felt Selfless Caring for Others</i>	.924	4.36	1.71				
<i>Feel Touched By Things They See Happen</i>	.917	4.47	1.77				
<i>Had Tender Feelings Towards Me</i>	.914	4.59	1.79				
<i>Describe Themselves as Softhearted</i>	.912	4.53	1.77				
<i>Gave Compassion to Others Even if a Stranger</i>	.909	4.59	1.76				
<i>Felt Pain and Joy of Others</i>	.908	4.62	1.59				
<i>Would Rather Suffer Themselves Than See Someone Suffer</i>	.901	4.26	1.62				
<i>Understood My Feelings</i>	.894	4.62	1.73				
<i>Feel Happy When Others are Happy</i>	.874	4.67	1.69				
<i>Wish to be Kind to Others</i>	.871	4.68	1.66				
<i>Felt Protective of Me</i>	.854	4.62	1.90				
<i>Questioned Procedures that Do Not Promote Quality Service</i>	.826	4.59	1.67				

Based upon 7-point Likert scale; Based upon 7-point Likert scale; 1 representing Strongly Disagree and 7 representing Strongly Agree

### *Banking Qualitative Comments*

The banking questionnaire also gave respondents the opportunity to submit qualitative comments regarding their experiences with feelings of vulnerability during their banking or financial service experiences. Several respondents provided comments that supported the quantitative results of the study.

I was 17 and getting my first bank account with a major bank. I knew nothing about banking and the banker setting up my account didn't know how to explain things to me. She kept telling me about the possible packages with banking jargon and I had to ask my mother what everything she said meant. My mother was able to explain it to me, but there was a communication barrier between the banker and myself. It was probably from our

age difference and her extensive knowledge on a subject that I knew nothing about. I spent an hour in her office feeling confused and alone and as if she thought I was stupid or wasting her time. The only reason I was even able to work it out was because of my mother being there.

In this situation, the respondent was unknowledgeable about the banking industry and felt “out of the element” because it was their first time experience. Instead of being patient, providing the customer with adequate information in an understandable manner, and being empathetic to the customer’s first experience, the employee continued to present the information in a way in which may have been familiar to her, but completely unknown to the customer. This left the customer frustrated and feeling judged, instead of confident in her transaction.

I have banked with a certain bank for twelve years. I acquired a credit card with them a few months ago, under the understanding that there were no additional fees. Since then, every month I am charged fees I do not understand, and as soon as I pay it off, I will cancel it. I called multiple times and the people were rude and did nothing about the charges that the banker never mentioned before. I had to deal with the phone (the in-store branch made me call the 800 # and said they could not help me) and had to wait on the phone for almost an hour to tell someone my issue, again having to explain my issue again to someone else. Nothing was ever resolved because they did little to help either!

This is situation wherein a loyal customer of the bank for several years signed up for a service in which a miscommunication occurred. While trying to get more information about the service and to explain the situation, the customer was turned away at a physical banking location and forced to call a telephone help line. During that interaction, the company was neither prompt, knowledgeable, nor empathetic to the customer’s situation. This left the customer feeling very vulnerable due to the company’s service failure and their lack of attention or resolution.

I felt vulnerable when I was in a consultation with my bank assistant and felt like I was forced to use my debit card a certain amount of times in order not to be charged a fee. She was very persistent and didn't allow me to really make my own decision with what I wanted to do with my card. She seemed more concern with her obligations than with my interests and what was best for me. I felt like I lost control because I should be in charge of my income and spending.

During this interaction, the customer was seeking information regarding a company policy, that if the customer did not act in a certain way (i.e. using the debit card) a fee would be applied which results in a deduction of funds from the account. The customer clearly understood this policy, however the bank employee did not take the customer's values or abilities to make their own judgments into account.

One time I went into the bank to see if I could get a loan to purchase a car because the loan I had then had horrible interest. So, I went in and try to get a loan and the person I spoke to did all that they could do to help me get a loan, but unfortunately I was denied. He told me to come in six months later and see if I could get approved. I went in six months later and the person I spoke to was no longer at that location so I spoke with another person. The bank had all of information I gave them months ago and she was really determined to get me that loan. We applied and again I was denied. She did everything she could do to get my loan, but I have "young credit" and there was no way she could do anything about that. In the end I was upset about the outcome, but happy with how the bank treated me.

In this situation, the customer went to the bank seeking an automobile loan while he or she was ultimately denied of. When asked to return later in the year, the customer was impressed that the bank still had all of the information on file and proactively worked with the customer to get them the loan, even though it was not the same employee that the customer had previously formed a relationship with. Regardless, the banking company was still committed to maintaining the relationship with the customer. Even though the end result did not yield a positive result, the customer indicated that they still had a favorable service experience because the bank employees

were consistent, knowledgeable, and advocated for them to receive the loan regardless of their personal situation.

Last summer I took this job from Craigslist as an assistant to a supposed "doctor". He would send me checks and all I would do is cash them and transfer them to him. At this time I was naive and unaware of how people do this and trick you into giving them money. Well, when I would go to my bank they would gladly cash them until a couple of days later my account was charged fully for the three checks that I cashed (it was a lot of money by the way). This is the part where I felt most vulnerable. I had to go sit with a banking specialist and explain the whole story. It was embarrassing and I felt the whole time that the specialist was judging me. We didn't have the full amount of the money that was owed at the moment and I felt so out of control because there was nothing I could do since my "employer" was a con-man... there was no way in reaching him. They didn't really help much and it was eventually sent to collections. They ended up shutting down my card and I moved to a different bank. If I knew that the bank would be that uncaring and inconsiderate in a situation like that... I would never have banked with them in the first place. It was definitely a banking experience that I will never forget.

Unfortunately, this respondent was a victim of a banking scam that left them in the vulnerable position regarding their personal funds. When the customer was forced to go to the bank to explain the situation and ask for help, the customer felt judged and embarrassed. The customer indicated they did not feel as though the bank staff was helpful nor were they empathetic to the problem that was occurring. Their lack of action or attention to the situation eventually found the customer in a situation in which they were punished financially, even though the customer was a victim of fraudulent activities.

#### *Assisted Living Facility Study Results*

A questionnaire regarding customer vulnerability as applicable to the assisted living facilities industry was posted on two different Internet assisted living and caregiving support specific consumer forums. The questionnaire included a brief invitation to users to participate in the study, the purpose of the study, and the researcher's ethical handling of user responses (See Appendix C). According to the combined forums' statistics, the posting about the questionnaire

was viewed by approximately 366 different users. A total of 86 questionnaires were initially collected. This yielded a response rate of about 23.5 percent. While the response rate was acceptable, the sample size was deemed too small for the size of the questionnaire, and 54 additional questionnaires had to be collected through the reposting of the survey link via the assisted living support forums. The reposting of the link was viewed an additional 93 times. This resulted in a total number of 140 useable surveys, yielding an updated response rate of 30.5%.

Table 13 gives a detailed depiction of respondents' demographics. A generalized profile of participants reveals that the majority of respondents were Caucasian married females over the age of 35 with at least an associate's level education, and full-time employment where they earn less than \$50,000 a year. Respondents represented their families that were or currently are residents of an assisted living facility.

Table 13: ALF Study Demographics

		Frequency	Total	Percent%	Total %
Gender	<i>Female</i>	96		68.3%	
	<i>Male</i>	44	140	31.7%	100%
Age	<i>18-25</i>	49		35.4%	
	<i>26-34</i>	17		12.2%	
	<i>35-44</i>	26		18.3%	
	<i>45-54</i>	26		18.3%	
	<i>55-64</i>	19		13.4%	
	<i>65 and over</i>	3	140	2.4%	100%
Marital Status	<i>Single (Never Married)</i>	53		37.8%	
	<i>Married</i>	61		43.9%	
	<i>Divorced</i>	17		12.2%	
	<i>Domestic Partnership</i>	2		1.2%	
	<i>Widowed</i>	7	140	4.9%	100%
Racial Background	<i>Caucasian</i>	87		62.2%	
	<i>African American</i>	26		18.3%	
	<i>Asian</i>	3		2.4%	
	<i>Hispanic</i>	22		15.9%	
	<i>Other</i>	2	140	1.2%	100%
Level of Education	<i>High school graduate</i>	67		47.6%	
	<i>Associate's degree</i>	36		25.6%	
	<i>Bachelor's degree</i>	20		14.6%	
	<i>Master's degree</i>	15		11.0%	
	<i>Doctoral degree</i>	2	140	1.2%	100%
Employment Status	<i>Student</i>	24		17.1%	
	<i>Full-Time</i>	55		39.0%	
	<i>Part-Time</i>	36		25.6%	



		Frequency	Total	Percent%	Total %
Personal Income	<i>Unemployed</i>	15		11.0%	
	<i>Retired</i>	10	140	7.3%	100%
	<i>Under \$25,000</i>	58		41.5%	
	<i>\$25,000-\$49,999</i>	38		26.8%	
	<i>\$50,000-\$75,999</i>	15		11.0%	
	<i>\$76,000-\$99,999</i>	5		3.7%	
	<i>Over \$100,000</i>	5		3.7%	
	<i>Decline to Answer</i>	19	140	13.4%	100%

Information regarding respondents' familiarity with assisted living facilities and their loved ones' experiences was also collected (Table 14). This profile reveals that 93.9% of respondents considered themselves family of a resident at an ALF, with 29.3% acting as at least a partial caregiver. A total of 20.7% of respondents considered themselves to be the sole caregiver of an ALF resident. Roughly fifty-seven percent of respondents reported that they visit their loved one in an assisted facility at least several times per week. Only a small percentage of respondents (12.2%) reported that their loved one lives a relatively independent life, with the remaining percentage of respondents indicating that their loved one needs assistance with everyday activities (36.5%), requires daily nursing or doctor care (29.3%), or 24-hour monitoring due to dementia-related ailments (22%).

Table 14: Respondents' Familiarity with Assisted Living Facilities

		Frequency	Total	Percent%	Total %
Familiarity with ALFs	<i>Sole caregiver</i>	29		20.7%	
	<i>Partial caregiver</i>	41		29.3%	
	<i>Family member f resident</i>	61		43.9%	
	<i>Familiar/Loved one no longer there</i>	9	140	6.1%	100%
Loved One's Situation	<i>Currently living at ALF</i>	63		45.2%	
	<i>Currently living at home</i>	12		8.5%	
	<i>At another health facility</i>	12		8.5%	
	<i>Deceased</i>	46		32.9%	
	<i>Other</i>	7	140	4.9%	100%
Relationship to ALF Resident	<i>Spouse/Partner</i>	7		4.9%	
	<i>Sibling</i>	10		7.3%	
	<i>Child</i>	31		22.0%	
	<i>Other Family</i>	89		63.4%	
	<i>Friend</i>	3	140	2.4%	100%

		Frequency	Total	Percent%	Total%
How Often Visited					
	<i>Several Times Per Day</i>	14		9.8%	
	<i>Once Per Day</i>	27		19.5%	
	<i>Several Times Per Week</i>	39		28.0%	
	<i>Once Per Week</i>	14		9.8%	
	<i>Several Times Per Month</i>	20		14.6%	
	<i>Once a Month</i>	5		3.7%	
	<i>Several Times a Year</i>	10		7.3%	
	<i>Once a Year or Less Often</i>	10	140	7.3%	100%
Required Care at ALF					
	<i>Lives Independent Life</i>	17		12.2%	
	<i>Requires assistance for everyday activities</i>	51		36.5%	
	<i>Requires daily nursing/doctor care</i>	41		29.3%	
	<i>Requires 24 hour monitoring due to dementia</i>	31	140	22.0%	100%

The analysis of the data was performed using exploratory factor analysis (EFA). The analysis took place using SPSS Version 22 statistical software package. One hundred and forty responses were imported into the program. As indicated earlier, the initial sample size of 86 respondents caused problems for the analysis, resulting in nonpositive definite results that could not be analyzed. With the addition of 54 more surveys, there was no indication of nonpositive definite results. Therefore, interpretation of the data continued. Cronbach's alpha test was run for verification of reliability. The scale's reliability coefficient yielded a result of .989 (n= 140). Through an investigation of the descriptive statistics, it can be noted that the standard deviations are all smaller than their respective means and no standard deviations are remarkably larger than those of the other variables (see Table 15).

The maximum likelihood estimation procedure was then used to extract factors from the variable data. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and the Bartlett's Test of Sphericity were performed in order to determine the strength of factorability, or appropriateness, for the factor analysis to be conducted. Again, this test should be statistically significant ( $p < .05$ ) with a KMO value of greater than .60. For the current ALF study, the KMO value was .946 and the Bartlett's Test of Sphericity resulted in a statistically significant value of

$p < .001$ . According to the KMO value and the significance of the Bartlett's Test, factor analysis was deemed appropriate for the current set of data.

Kaiser's criterion was then used to determine the amount of total variance explained by each factor (Pallant, 2005). Essentially, this tells the researcher which factors are most eligible for interpretation by retaining only factors with an eigenvalue of 1.0 or above. Using this rule, three factors were extracted for interpretation. These three factors are capable of explaining roughly 81.07% of the variable variances. The screeplot of initial loadings for the ALF study was also consulted to confirm this finding.

An in-depth review of the initial factor loadings suggested that the proper solution was attained through maximum likelihood, as it was capable of converging in 6 iterations. The results do not warn against a nonpositive definite output, therefore an important condition for proceeding with interpretation has been met. Additionally, inspection of the communalities indicated that the results posed no issues for interpretation. With greater confidence that maximum likelihood is appropriate, interpretation of the results is permissible. Once the factors were extracted using maximum likelihood, linear transformation of the data was performed in order to aid in the interpretation of the results. Promax rotation was chosen due to its assumption that nonzero correlations among factors are theoretically sound.

Interpretation of the factor correlation matrix indicated that the Promax solutions can be further interpreted, given that the correlations exceeded the value of .25, which was achieved with values of .755 and .733. Observation of the structure matrix coefficients indicated that, while assessing the service that their vulnerable loved ones received in an ALF, participants viewed the attitudes and behaviors of service providers across three dimensions. During service interactions in which participants' recalled their loved one's vulnerability, the experience can be

indicative of being transformative in regard to the three factors which were extracted from the study. How respondents rated for example, if they felt (or did not feel) service providers reflected and validated residents and family attitudes, actions, and actions tended to be similar to how they responded to the remaining variables of that factor. The same can be said of the second and third factors extracted; respondents likely felt equally positive or negative regarding the other variables. Therefore, for ease of discussion, the factors will be labeled Personal Humanism (Factor 1), Hospitable Humanism (Factor 2), and Personal Functionality (Factor 3). These results differ from the former two studies, in that the factor structure is defined by three factors, two in which are founded in humanistic components. The dimension of personal humanism is mostly derived of Bu and Jezewski's (2007) advocacy items for nursing, Jeon's (2004) mutuality items based upon the Nurse-Caregiver Relationship model, three items from Sprecher and Fehr's (2005) Compassionate Love Scale: Stranger-Humanity Version, and one assurance item from Parasuraman et al.'s (1988) SERVQUAL assurance dimension. The dimension of hospitable humanism is derived of Gilje's (2004) hospitality in nursing items, compassion items from Sprecher and Fehr's (2005) Compassionate Love Scale: Stranger-Humanity Version, one item from Bu and Jezewski's (2007) advocacy scale for nursing, one empathic concern item from Davis's (1980) Interpersonal Reactivity Index, compassion items from Sprecher and Fehr's (2005) Compassionate Love Scale: Stranger-Humanity Version, and one item from Bu and Jezewski's (2007) study on advocacy (Questions Procedures). The dimension of personal functionality was mostly comprised of items developed from Parasuraman et al.'s (1988) SERVQUAL reliability dimension, the responsiveness dimension, the assurance dimension, and the empathy dimension. Table 15 gives a depiction of the overall results of the ALF study.

Table 15: ALF Study Results

Factors	Factor Loading	Mean Score	SD	Eigenvalue	% of variance	Cumulative % of Variance	Cronbach Alpha
Personal Humanism				25.43	72.65	72.65	.975
<i>Reflected on My Attitude</i>	.941	4.86	1.73				
<i>Tried to See Through My Eyes</i>	.939	5.04	1.72				
<i>Was Collaborative and Helpful</i>	.926	5.32	1.52				
<i>Felt Pain and Joy of Others</i>	.900	4.99	1.49				
<i>Instilled Confidence in Me</i>	.900	5.13	1.67				
<i>Acted as My Defender Against Unethical Actions</i>	.882	4.80	1.61				
<i>Monitored Quality of Service</i>	.881	5.01	1.65				
<i>Feel Happy When Others are Happy</i>	.868	5.24	1.50				
<i>Gave Compassion to Those Going Through Difficult Time</i>	.862	4.95	1.58				
<i>Had Mutual Trust of Me</i>	.810	5.04	1.64				
<i>Had Mutual Respect for Me</i>	.801	5.11	1.57				
Hospitable Humanism				1.79	5.12	77.77	.978
<i>Gave Me Sense of Well-Being</i>	.945	5.36	1.50				
<i>Helped Me Feel at Ease</i>	.932	5.24	1.47				
<i>Felt Accepted By Company</i>	.926	5.49	1.50				
<i>Felt Connected With Company</i>	.916	5.51	1.52				
<i>Felt Welcomed By Company</i>	.894	5.38	1.49				
<i>Feels Selfless Caring for Others</i>	.886	5.06	1.69				
<i>Helped Give Voice to Values</i>	.877	5.26	1.51				
<i>Tried to Understand, Rather than Judge Me</i>	.874	5.31	1.56				
<i>Compelled to Do Almost Anything to Help</i>	.871	5.00	1.47				
<i>Describe Themselves as Softhearted</i>	.844	5.04	1.54				
<i>Felt Safe in My Interactions</i>	.823	5.50	1.31				
<i>Concerned for Humankind</i>	.809	4.89	1.51				
Personal Functionality				1.16	3.30	81.07	.971
<i>Consistently Courteous to Me</i>	.915	5.46	1.52				
<i>Had My Best Interests at Heart</i>	.908	5.55	1.42				
<i>Was Always Willing to Help</i>	.905	5.47	1.51				
<i>Understood My Needs</i>	.853	5.44	1.45				
<i>Was Never Too Busy to Help</i>	.850	5.26	1.50				
<i>Service Performed When Promised</i>	.848	5.28	1.48				
<i>Had Sincere Interest in Helping</i>	.841	5.25	1.51				
<i>Service Performed Right the First Time</i>	.840	5.19	1.45				
<i>Gave Prompt Service</i>	.833	5.25	1.47				
<i>Gave Individualized Attention</i>	.824	5.65	1.53				
<i>Insisted on Error Free Records</i>	.820	5.30	1.37				

Factors	Factor Loading	Mean Score	SD	Eigenvalue	% of variance	Cumulative % of Variance	Cronbach Alpha
<i>Had Knowledge to Answer Questions</i>	.790	5.52	1.48				

Based upon 7-point Likert scale; 1 representing Strongly Disagree and 7 representing Strongly Agree

### *Assisted Living Facility Qualitative Comments*

As with the former studies, the ALF questionnaire also gave respondents the opportunity to submit qualitative comments regarding their perceptions of vulnerability as a result of their loved one’s residency in an assisted living facility. This was an important step for the ALF study, which required respondents to act as a proxy on behalf of their family member; it gave respondents the opportunity to give a rich explanation of their loved one’s situation in the ALF in an effort to ensure that the data collected was as representative of the true nature of the experience as possible.

My grandmother had dementia and due to her weight and other medical issues, my grandfather had to put her in assisted living. She was frequently upset because we "put her away" even though we visited every day and my grandfather was there for long periods of time. She knew she was ill, and she knew she was dying. The disease made her more upset about everything including her stay there, and even though the staff was kind, she often complained about them. For our family, it was heartbreaking.

This comment sets the stage for the situation that many families feel when they have to make the difficult decision to put a loved one in an assisted living facility. In this case, all members of the involved party felt somewhat vulnerable; the grandmother felt vulnerable because she felt her health and the situation was out of her control, yet however the staff at the ALF treated her, she was still unhappy. At the same time, the family seems to be experiencing a

sense of guilt about the decision, even though they knew it was best for their family member to get monitored supervision for their loved one with dementia.

My grandmother started in an ALF that only provided basic care related to everyday activities, and as her Alzheimer's progressed, it became evident that she was going to need more extensive care. We got onto the waiting list for a full-care nursing home, the best one in the area, only to discover a six month minimum waiting list. We were devastated! The other facilities in the area seemed dirty and unsafe compared to where we wanted to place our grandmother. We devised a schedule so that a member of the family was there as much as possible, but we couldn't be there every moment. The daytime shift at the ALF COMPLETELY ignored the growing needs of my grandmother to the point of even neglecting the care stipulated in her contract with them. They cited her inability to do almost anything for herself and basically threw up their hands in frustration. The daytime staff wanted no part of the care of someone who had passed through their "bracket of care". This made leaving her alone a terrifying experience. We were always afraid of what would happen while we were gone. In her few lucid moments, my grandmother expressed her desire to "go home" and to "go somewhere safe." We knew that she was safe from the harm of others, but we knew that she wasn't safe from accidentally hurting herself and that the daytime staff wasn't taking steps to prevent that from happening. However, the nighttime shift was incredible and caring. They consistently went out of their way to make sure that she didn't leave the facility (she was exit-seeking by this point) and to put her at ease during her few lucid moments. It was terrifying to leave her unattended when no one was available to sit with her. Between the guilt and the fear, I would definitely qualify this as a vulnerable feeling! While my grandmother ended up requiring more care than the ALF she was in could provide, the staff and facilities were beyond satisfactory. There were lots of activities that would have been really great if my grandmother could have participated in them.

Again, this is another situation in which both the family and the ALF resident were feeling a sense of vulnerability during their interactions with the ALF staff. Due to dementia related ailments, the family was terrified to leave their loved one alone because they distrusted the daytime staff to properly monitor her. By contrast, the evening staff went above and beyond to ensure that their loved one was well cared for and monitored. While their family member was lucid, she mentioned wanting to escape the environment, which put the family in a heightened sense of anxiety. The relationship formed with the nighttime staff put their fears at ease, however the service remained inconsistent between the two different shifts.

My mother is in an ALF because she requires more care than what my elder dad can provide. She needs constant assistance and supervision with medication management, bathing, dressing, is vulnerable to falling and has become increasingly anxious due to her dementia-related ailment. She resides at an ALF in Miami and I must say the staff there is AWESOME!!! They truly care about their residents. It shows in their demeanor and the way they speak to and groom their residents. They are very attentive. The ALF is very clean, the meals are tasty (according to my mom), there are cameras throughout the facility, and someone is always monitoring the front door. My dad and I are truly impressed with the ALF she is in. They have exceeded our expectations.

Due to dementia, here is another family who fears for their mother's well-being. The family appears to be very satisfied with the staff and the services provided by the facility. This includes elements of humanism and functionality, including an attentive and caring staff, comfort and cleanliness, and security of the residents.



## Summary

This chapter reported the results of the current study. First, the results of the content analysis were reported by industry (air travel, banking, and ALF), including information contrasting whether the service was a discretionary act and the nature of the interaction (positive versus negative experiences). Observed differences came forth as a result of analyzing the Internet consumer forums for each industry. It was suggested that, while positive and negative interactions within each industry were fairly consistent in terms of service provider behaviors and consumer reactions, between the three industries, consumer reactions varied widely based upon the nature of each industry and the sensitivity of those types of experiences.

The analysis of the quantitative data commenced with the results of a pre-test that was conducted on general consumers' views of vulnerability during service experiences. The results of this pre-test are questionable in terms of reliability, due to the small sample size and the extraction of several items off the scale to avoid nonpositive definite results in the exploratory factor analysis (EFA). For the main study, consumer perceptions of vulnerability were analyzed separately across the three industries, using separate samples for each industrial questionnaire. Data was analyzed using EFA, and the results for each industry were reported. Participants' qualitative comments from the questionnaire were also included as additional support. Overall, it was found that the ideal behaviors and attitudes needed by service providers in order to properly cater to consumers experiencing feelings of vulnerability are comprised of both humanistic and functional components. While this is not a new finding to the overall body of service management and marketing body of knowledge, the structure of each industry's humanistic and functional paradigm differs from another.

## CHAPTER FIVE: DISCUSSION

This research study sought to explore the topic of vulnerability as it is applied to customer service experiences. While it has been widely argued in the marketing literature that vulnerability cannot be properly measured empirically due to the subjective measure of the concept, this study attempted to investigate consumers' recollection of situations in which they felt vulnerable. The study sought to investigate how service providers across different service industries should react and behave in order to properly cater to those who may be in a situation that is out of their control, a core aspect to vulnerability that is centric to the emotional repercussions that consumers subsequently experience when they feel helpless in a service transaction (Csikszentmihalyi, 1978). The subjectivity of customer vulnerability prevents rigorous empirical data from being collected because the topic is largely elusive; Baker et al. (2005) warned against classifying entire populations of people as vulnerable due to vulnerability being summoned by "the interaction of various states, individual characteristics, and external conditions within a context" (p. 134). While the current study identified the current states of vulnerability in which consumers may find themselves (Table 1), it is currently near impossible to measure a person's classification as vulnerable due to the fact that any situation, at any time, in any place can cause or heighten a person's sense of vulnerability due to the wide range of factors. A service transaction in which one person feels extremely vulnerable may not have such a strong reaction in another person; this is highly dependent on each person's experiences, belief system, values, and personality.

In saying this, emphasis is placed on a new stream of service literature pioneered by Ostrum et al. (2010) known as transformative service research. This topic was identified by the authors as service research that involves creating uplifting changes and improvements in the well-being of both individuals and the community. Essentially, this focus encourages service researchers to explore how organizations, communities, and consumers can be “transformed” as a result of the cumulative positive experiences had by all parties involved. One specific research focus of particular interest that was mentioned by Ostrum et al. was the impacts that transformative service research and its resulting theories could have on vulnerable populations. Again, previous research argues against classifying entire populations as vulnerable, however, the current research explained vulnerability as individuals classified by having a dependency on another individual, group, or business for some basic need of necessity—whether that be from a physical, emotional, spiritual, or financial perspective.

Therefore, the purpose of this study was to explore the concept of customer vulnerability across varying service industries. Because there is a wide range of situations that may classify the vulnerability of individual or groups of customers, any exchange with a service provider can potentially heighten feelings of vulnerability. This study specifically used the setting of specific industrial settings (air travel, banking, and assisted living facilities) that place consumers in a situation in which they relinquish complete control to the provider, whether it be medically, financially, emotionally, physically, or spiritually, and as a result, is experienced in a manifestation of physical, economic, social, or psychological symptoms that are related to a sense of vulnerability.

The first objective of the research study was to explore whether there were different approaches to service due to the sensitivity of certain service exchanges. Again, behaviors and

emotions associated with vulnerability are highly subjective to each individual consumer. As discovered in the qualitative content analysis, the way in which consumers reacted to feelings of vulnerability varied widely between each industry, but was found to be fairly consistent when comparing to other instances of vulnerability analyzed within the same industry. For example, while overall it was found that negative service experiences in the air travel industry yielded feelings of vulnerability in the form of frustration, physical discomfort, anger, and distrust of the organization, negative experiences of the same type in the assisted living facility industry yielded feelings of vulnerability in the form of anxiety, fear for life, physical discomfort, distrust of the organization and its employees, and overall depression. Therefore, not all service experiences result in the same feelings of vulnerability. While it can be argued that different individuals will always react differently to isolated experiences, the content analysis demonstrated that consumer reactions were largely consistent when it came to dealing with service transactions that were out of their direct control. Service providers should then be aware of the common reactions the consumers of their industry's services are likely to have and be able to anticipate, identify, and be trained on the best ways in which to placate the emotions that may be indicative of vulnerability.

Additionally, for the quantitative portion of the data collection, the scale used in order to gain consumers' recollections of service provider behavior while feeling vulnerable was created using scales and items to assess service quality, empathy, compassion, advocacy, mutuality, hospitality, and well-being. While it was found that two industries' results (air travel and banking) only resulted in a factor loading of two dimensions that were both functional and humanistic in nature, the assisted living industry results yielded a result of three dimensions. The extra factor added a component of hospitality that did not come forth as prominently within the

other industries, which included items of making customers feel welcomed, accepted, and connected with the company and giving them a sense of well-being, in addition to items of compassion, empathy, and advocacy.

These results lend to the second objective of the study---are certain industries more susceptible to dealing with customer vulnerability? Unfortunately, because of the subjectivity of the topic of vulnerability, it is hard to distinguish whether an air travel consumer is truly feeling less vulnerable than someone who may be living in an assisted living facility simply because of the medical component involved. However, it should also be noted that the type of discretion associated with the industries differed, which could lend evidence to the strength of vulnerability that some consumers experience. While the air travel and banking industry studies were comprised of service encounters that commenced at the discretion of the consumer, the assisted living facility study featured a majority of consumers (82%) indicating that their encounters were non-discretionary. This means that while the air travel and banking studies featured results wherein the consumer freely chose to do business with a given company and subsequently lost a sense of control over their service interaction due to some service failure, external event, or miscommunication, many of the respondents in the assisted living facility study had no choice but to use the services available to them. As a result, it can be argued then that for the assisted living facility consumers that indicated that their choice of care facility was out of their control, that their experience was indicative of imposed or forced vulnerability prior to even interacting with any employees. Therefore, it can be concluded that it may not be a particular industrial context that lends itself to being more susceptible to dealing with customer vulnerability over another, but rather what matters is the degree of discretion the consumer has in choosing a particular organization for their service requirements over another. For instances in which a

consumer has no choice in which to use a certain organization, and then finds that the service experience is less than satisfactory, this may put that individual within a classification of vulnerability that is even further heightened than those who were able to choose an organization at their own discretion. In this instance, the opportunities for transformative service research are plentiful due to the numerous situations in which consumers lack discretion in their choices.

The third objective of the study was to investigate what behaviors or attitudes are required to serve individuals that are experiencing a sense of vulnerability. The results of the content analysis gave the researcher a preliminary view of what consumers expect from service providers in terms of the proper attitudes they felt should have been demonstrated and how that impacted their reactions to the situations at hand. The quantitative survey analysis was conducted to validate the findings of the content analysis through exploratory factor analysis, which grouped together factors that were most indicative of consumers' patterns of responses and eliminated items that were not found to be correlated. The scale that was used for all three industries within the current researched featured items of service quality, empathy, compassion, well-being, hospitality, advocacy, and mutuality. In particular, the constructs of advocacy (Bu & Jezewski, 2007; Bu & Wu, 2008) and mutuality (Jeon, 2004), while prominent in nursing and psychology literature, have not been thoroughly explored within hospitality literature.

First, for the air travel industry, it was found through the content analysis that perceived positive service encounters were those where the service provider was helpful, friendly, responsive, knowledgeable, and empathetic. The dimensions that came forth from the factor analysis revealed two factors, which were labeled task humanism (32 items) and task functionality (16 items). The task humanism dimension was largely comprised of items of compassion, hospitality, empathy, advocacy, and mutuality. Some of the strongest loading items

were: compelled to do anything (.932, compassion item); mutual trust between service provider and customer (.926, mutuality item); showed compassion to those going through a difficult time (.925, compassion item); was the type of person to reach out to someone feeling sad (.921, compassion item); and was the type of person to experience the pain and joy of others (.920, compassion item). The functionality dimension was comprised of items related to the quality of service, such as reliability, responsiveness, assurance and empathy, per Parasuraman et al.'s (1988) SERVQUAL scale. Some of the strongest loading items were: acted in my best interests (.907, empathy item); understood my needs (.903, empathy item); instilled confidence in me (.889, assurance item); always willing to help (.877, responsiveness item); provided prompt service (.877, responsiveness item); and performed services right the first time (.853, reliability item). The combination of these items supports the results of the qualitative analysis that, in order to reduce emotions associated with vulnerability, a mixture of expertise in humanistic and functional service behaviors is needed. The factor structure results from the air travel study can be related to the task-interactive classification of service by Mills and Marguiles (1980).

For the banking industry, it was found through the content analysis that perceived positive service encounters were those where the service provider was knowledgeable, reliable, honest, friendly, and attentive. The dimensions that came forth from the factor analysis revealed two factors, which were labeled maintenance functionality (33 items) and maintenance humanism (16 items). The maintenance functionality dimension was largely comprised of items of reliability, responsiveness, assurance, empathy, well-being, hospitality, advocacy, and mutuality. Some of the strongest loading items were: collaborative and helpful (.941, mutuality item); instilled confidence in me (.935, assurance item); worked with me towards my goals (.934, mutuality item); helped me to feel at ease (.932, hospitality item); and always willing to help

(.928, responsiveness item). The maintenance humanism dimension was comprised of items related to empathy and compassion. Some of the strongest loading items were: was the type of person to reach out to someone feeling sad (.944, compassion item); compelled to do almost anything (.936, compassion item); type of person to be concerned for humankind (.934, compassion item); was compassionate to those going through a difficult time (.933, compassion item); and provided selfless caring towards me (.924, empathy item). The banking study results, in comparison to the air travel study results, also revealed a factor structure comprised of humanistic and functional qualities (labeled maintenance functionality and maintenance humanism for banking and task functionality and task humanism for air travel). However, in the banking study, more items loaded onto the functionality dimension, including those of advocacy and mutuality, which loaded onto the task humanism dimension during the air travel study. This suggests that respondents did not view advocacy and mutuality within an emotional context as they may have during the air travel study. Rather, it is possible that respondents considered advocacy and mutuality to play a more technical role in the provision of service within the banking industry, while for the air travel industry they related advocacy and mutuality to be founded in behaviors of compassion. The factor structure results from the banking study can be related to the maintenance-interactive classification of service by Mills and Marguiles (1980).

Finally, for the ALF industry, it was found through the content analysis that perceived positive service encounters were those where the service provider was caring, knowledgeable, empathetic, humane, comforting, reliable and responsive. The dimensions that came forth from the factor analysis revealed three factors, which were labeled personal humanism, hospitable humanism, and personal functionality. The three factor structure differs from the previous two studies. The personal humanism dimension was largely comprised of items of compassion,



advocacy, mutuality, and assurance. Some of the strongest loading items were: service provider reflected on and validated resident and family attitudes, actions and interactions (.941, mutuality item); tried to see through the eyes of the resident (.939, mutuality item); was collaborative and helpful (.926, mutuality item); experienced the pain and joy of others (.900, compassion item); and instilled confidence in the resident and their family (.900, assurance item). The hospitable humanism dimension was comprised of items related to hospitality and compassion. Some of the strongest loading items were: helped give resident and family a sense of well-being (.945, hospitality item); helped the resident and family to feel at ease (.932, hospitality item); felt accepted, connected, and welcomed by the facility (.926, .916, and .894 respectively, hospitality items); and provided selfless caring to resident and families (.933, compassion item). The personal functionality dimension was comprised of items related to assurance, empathy, reliability, and responsiveness items from Parasuraman et al.'s (1988) SERVQUAL scale. Some of the strongest loading items were consistently courteous (.915, assurance item); has the best interests of the resident at heart (.908, empathy item); always willing to help (.905, responsiveness item); understood the specific needs of the resident (.853, empathy item); was never too busy to respond to resident requests (.850, responsiveness item); and performed services as they promised to do so (.848, reliability item). The factor structure results from ALF study can be related to the personal-interactive classification of service by Mills and Marguiles (1980).

Like the air travel study, the ALF study respondents related the concepts of advocacy and mutuality to be largely related to compassion. Additionally, ALF respondents put a particular emphasis on the aspect of hospitality when recalling their loved one's vulnerabilities and assessing service provider behavior. This may be due to the nature of the ALF industry, in which

the service itself, while still perishable, is experienced in a long-term and often permanent situation. When separating the term from an industrial context and looking at the origins of hospitality, it can be noted that the term is derived from the word “hospice” and involves a relationship of closeness and at-homeness (Gilje, 2004). Furthermore, it involves an interactive transmission of service, comprised of both tangible and intangible factors, and encourages warmth and generosity on behalf of the service provider and the environment to the guest (Hepple et al., 1990; Lane, 1987). Therefore, it is logical that a third dimension was discovered during the ALF study results, as it lends itself to the true nature of the assisted living facility industry and the complicated organizational requirements that must be taken to care for these individuals during their time of imposed vulnerability.

It is apparent that the behaviors and attitudes needed to properly cater to consumers experiencing vulnerability are comprised of both humanistic and functional components. While this is not new information in the service management literature, this study explored how humanistic and functional aspects of service approach the concept of vulnerability differently by industry. For example, the concepts of advocacy and mutuality, which are founded in the nursing literature and are traditionally related to compassionate and empathetic behaviors, were perceived differently by air travel consumers, banking consumers, and ALF consumers. While air travel and ALF consumers perceived the concepts of advocacy and mutuality to be related to more humanistic behaviors, banking consumers perceived advocacy and mutuality to be products of functional service behaviors. Furthermore, the ALF industry had a more complex conceptualization of humanism than that of the air travel and banking industries, likely due to the highly personal and sensitive nature of moving an elderly person into a home that is not their own for permanent residence. Further investigation into humanistic and functional behaviors as

they relate to customer vulnerability across industries can help organizations understand how to identify customers that may be experiencing feelings of vulnerability. These efforts can alleviate the emotional impact that may be experienced by consumers, resulting in positive results for the customer and the organization.

### **Practical Implications**

The final objective of the study was to discover how organizations that commonly deal with instances of customer vulnerability can ensure that they are acting in the right manner to properly assist their customers. Again, a first step that can be taken is to determine whether consumers are seeking a particular service or needed assistance from an organization because they specifically chose to do so (discretionary service) or because they need to do so out of absolute necessity (non-discretionary service). Instances of non-discretionary service can automatically impose a sense of vulnerability onto a consumer because they feel as though they have no choice or control over the matter, so they are subject to whatever level of customer service is rendered—positive or negative. Industries that may commonly encounter instances of non-discretionary service needs include medical services (i.e. medical facilities, assisted living facilities, and rehabilitation services that may be governed by insurance companies and their requirements), civil services (such as local government services, utility services, and judicial services), and social support services (such as low income assistance, spiritual services, or immigration support services). Because consumers may be assigned to particular offices or sectors in order to receive assistance, they do not have the choice to find another competing service provider if they are dissatisfied with the service rendered. This imposed vulnerability can

set consumers up for a negative experience, and it puts the control of the service experience completely in the hands of the organization; employees may have a false confidence that they can act however they please because consumers have no choice but to seek their assistance. However, this is where Ostrum et al.'s (2010) article encourages transformative service behaviors that can be translated to entire communities of individuals. Further research into service sectors that cater to non-discretionary service encounters can help translate feelings of vulnerability into feelings of hope, knowledge, confidence, and satisfaction.

Additionally, this study heavily involved the concepts of advocacy and mutuality as factors in lessening feelings of vulnerability that consumers may have in service transactions. Advocacy deals with giving individualized care and attention to people in a time of need, and requires the service provider to act as a proponent of the individual, their autonomy, their values, and their wishes (Bernal, 1992; Bu & Jezewski, 2007). Mutuality has been described as the formation of a genuine collaborative partnership between a customer and a service provider who then work together towards a common goal that benefits the customer (Dabos & Rousseau, 2004; Titchen, 2001). Both of these concepts are referenced in nursing and psychology literature, but are more unknown to hospitality and service bodies of knowledge. Through an awareness for these concepts, management can encourage service providers to not just demonstrate humanistic behaviors of compassion and empathy towards those experience vulnerability, but to also offer customers support in the form of genuine relationship building, collaborative and frequent communications, and mutual commitments towards solving some common goal. For the customer, the goal is likely to be the reduction of feelings of vulnerability and the eventual resolution to some need or problem that they may be experiencing. For the organization, the goal may be to provide consistent and satisfactory service in hopes that it leads to customer loyalty

and return intentions. According to Rousseau et al. (1998), the core of trust is the acceptance of vulnerability based upon positive expectations in the intentions of the behavior of another. Therefore, the therapeutic relationship that can be formed between a service provider and a consumer gives back the consumer a sense of control via the professional knowledge and technical prowess of a proactive advocate (O'Connell, 2008; Waldow, 2009).

### **Limitations**

This cross-industrial study of ideal service provider behaviors for handling customer's feelings of vulnerability also presents a number of limitations. First, the current research can be considered exploratory, as it is a relatively unexplored topic, especially within the context of hospitality literature. Because the concept of vulnerability is largely subjective, it is hard to quantify and therefore a classification or scale of customer vulnerability would be hard to achieve. The data that was collected for this study can be considered rich in nature, but as a result, it opens itself to significant biases from the researcher.

First, the qualitative portion of the study involved the researcher analyzing consumer Internet forums for users' depictions and perceptions of vulnerability within a given industrial setting. Because the researcher was analyzing information that was publicly available on the Internet and was acting as an observer of the conversations between users, the researcher could not follow up with participants in order to validate the true meaning behind their opinions. Therefore, the interpretation of the qualitative data was solely left to the discretion of the researcher, and some misconceptions may have been experienced between what the participants

were truly trying to express and how the researcher may have interpreted the information. This impacts the overall validity and reliability of the qualitative data because the researcher was looking for themes and trends that were related to the concept of vulnerability even in instances where the participants did not mention that exact term.

Additionally, the industries of air travel, banking, and assisted living facilities were chosen based upon their representation of three different literature streams—hospitality, general business, and healthcare and their representation of the four types of vulnerabilities found in literature (physical, economic, social, and psychological). It was to the researcher’s discretion to choose these industries based upon the perceived vulnerabilities that could be experienced in each industry, in addition to scholarly and trade literature that supported frequent service failures or shortfalls within each one. Because the results of each study varied by the composition of the humanistic and functional dimension structures, it is possible that other industrial studies could have been conducted that would have produced vastly contrasting results. Therefore, the generalizability of the current study to other industries is near impossible to achieve because other industrial contexts may yield different results.

Another limitation to the study is the general understanding of what the term “vulnerability” is and how it is defined within the mind of the participants. Participants were given a brief definition of the term “vulnerability” and were asked to recall an incident in which they felt vulnerable during a service encounter with one of the three industries (air travel, banking, and assisted living facilities). It is possible that participants could have been confused about the concept of vulnerability and how it is related to their past experiences, and simply answered the survey questions based upon their assessment of the quality of service without specifically tying it to their recollections of vulnerability. Additionally, because the ALF study

featured family members acting as proxies on behalf of their elderly loved ones, the true interpretation of vulnerability in this context may be skewed because the survey was completed by a third party. Third parties create an issue of validity because it is possible that they may confuse the experiences of their loved ones with their own overall experiences with an organization.

The relatively small sample size for the quantitative portion of the study also creates a limitation. While over 400 surveys were collected in total for the study, responses were separated by industry in order to gain a more comprehensive view of the concept of vulnerability within a specific context. While the questionnaires were essentially identical between industries, a few questions had to be tailored to be more applicable to the industry being surveyed (for example, the ALF questionnaire described “customers” as “residents and family”; questions regarding décor and comfortable furniture were omitted for the banking survey, where many transactions take place over the phone or virtually). If this study was to be replicated, it is suggested that the sample size per industry surveys collected is vastly increased to see whether the factors would load differently.

Finally, due to the large size of the original questionnaire (roughly 85 items, which through the EFA and its extraction, generally was reduced by about 35-40 items), the quantitative portion of the study was subject to possible participant exhaustion. While the Qualtrics program revealed that the average time spent per survey was about 13 minutes, several partial response or non-response surveys had to be omitted because they lacked substance. It is possible that, towards the end of the survey where advocacy and mutuality items were featured, participants became exhausted by the questionnaire and simply answered the questions haphazardly in order to finish quickly. This may be why the advocacy and mutuality items were

so prominent within each factor loading and, as a result, this may impact the validity of the current findings.

### **Suggestions for Future Research**

Several topics of study became prominent throughout the execution of the current study, but were out of the scope of the study's overall objectives. First, it is apparent that further research needs to be conducted on the topic of vulnerability within a consumer context. While it has been argued in the literature that a classification scheme of customer vulnerability should not be formulated, it would be helpful for organizations to be able to identify different types, levels, and scopes of vulnerability when strategizing on how to properly cater to different types of customers.

Furthermore, it would be helpful for research to be conducted on customer vulnerability from the perspective of service providers. While this study captures consumers' perceptions of ideal behaviors and attitudes needed in order to combat feelings of vulnerability, this information can be further validated by investigating service provider perceptions of customer vulnerability. Moreover, it may be helpful to investigate service provider's perceptions of their own vulnerabilities while performing the duties and tasks required by their jobs.

Additional studies should be conducted that compare discretionary versus non-discretionary acts of service as they relate to consumer emotions (such as fear, unfairness, and vulnerability), service failures, and social injustices. How does discretionary service impact consumers' perceptions of risk and potential service failures? Do discretionary and non-



discretionary service encounters differ in the quality of service being rendered? In what other ways besides vulnerability are non-discretionary service encounters related to transformative service research topics within communities of people?

Finally, it is suggested that the hospitality industry embrace the concepts of advocacy and mutuality in studies of service research. These topics are prominent within healthcare administration, nursing, pastoral service, and psychology bodies of knowledge---research streams that commonly deal with topics of satisfaction, service quality, and consumer emotions, such as vulnerability. By further exploring the topics of advocacy and mutuality as they apply to the service and tourism industries, and by continuing to explore what other industries practice during acts of customer service, hospitality researchers can continue to further understand and improve the relationships formed between providers and the ever-changing demands of complex consumer markets.

## Summary

This chapter discussed the results of the overall study on customer vulnerability and the ideal behaviors and attitudes needed by service providers in order to properly cater to individuals that may be experiencing this phenomenon. The study's research objectives were revisited and each research question was answered with evidence from the study's qualitative and quantitative data analyses supplemented by supporting literature. Overall, this exploratory study revealed that customers experience different feelings of vulnerability based upon the nature of the industry in which they are interacting. It was also revealed that the ideal behaviors and attitudes needed to cater to individuals experiencing a sense of vulnerability should be comprised of both humanistic and functional components. The most prominent humanistic and/or functional ideals required by service providers to aid in customer vulnerability varies by industry. While the banking industry put a greater emphasis on functional expertise, the air travel and ALF industries supported more humanistic attributes for service provider competencies, with the ALF industry emphasizing the importance of hospitableness. Furthermore, it was discovered that the question of one industry's susceptibility to encountering customer vulnerability over another may not be valid; rather, it is more a question of whether the service was rendered at the discretion of the customer, or if customers had no choice but to use a certain organization to fulfill their needs. This topic lends itself to the nature of transformative service research, which concentrates on positive changes to entire communities of individuals, including those experiencing feelings of vulnerability.

Additionally, this chapter discussed possible limitations of the current research study, including researcher bias in the analysis of qualitative data, the validity of choosing the industries of air travel, banking, and assisted living facilities as they relate to consumers' feelings

of vulnerability, participants' understanding of the term "vulnerability", issues with sample size, and possibilities of participant exhaustion in answering a fairly large questionnaire. This chapter concluded by making suggestions for future research on the topic of customer vulnerability, taking into account related research topics that were outside of the scope of the current study and building upon the results of the study with suggestions on how to further the development of the topic.

## **APPENDIX A: IRB APPROVAL LETTER**



University of Central Florida Institutional Review Board  
 Office of Research & Commercialization  
 12201 Research Parkway, Suite 501  
 Orlando, Florida 32826-3246  
 Telephone: 407-823-2901 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

**Approval of Exempt Human Research**

**From:** UCF Institutional Review Board #1  
 FWA00000351, IRB00001138  
**To:** Taryn Aiello  
**Date:** May 22, 2013

Dear Researcher:

On 5/22/2013, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination  
 Project Title: UNDERSTANDING CUSTOMER VULNERABILITY:  
 FACTORS IMPACTING TRANSFORMATIONAL  
 EXPERIENCES FOR CONSUMERS  
 Investigator: Taryn Aiello  
 IRB Number: SBE-13-09383  
 Funding Agency:  
 Grant Title:  
 Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewska, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Patria Davis on 05/22/2013 02:39:18 PM EDT

IRB Coordinator



University of Central Florida Institutional Review Board  
 Office of Research & Commercialization  
 12201 Research Parkway, Suite 501  
 Orlando, Florida 32826-3246  
 Telephone: 407-823-2901 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

**Approval of Exempt Human Research**

From: UCF Institutional Review Board #1  
 FWA00000381, IRB00001138  
 To: Taryn Aiello  
 Date: July 25, 2013

Dear Researcher:

On 07/25/2013, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination  
 Modification Type: Added three new questionnaires.  
 Project Title: UNDERSTANDING CUSTOMER VULNERABILITY:  
 FACTORS IMPACTING TRANSFORMATIONAL  
 EXPERIENCES FOR CONSUMERS  
 Investigator: Taryn Aiello  
 IRB Number: SBE-13-09383  
 Funding Agency:  
 Grant Title:  
 Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Patria Davis on 07/25/2013 11:48:17 AM EDT

IRB Coordinator

## **APPENDIX B: CONTENT ANALYSIS PROTOCOL**

---

Type of industry (air travel, ALF, banking):  
Summary of situation:  
Service Provider:  
Discretionary or Non-discretionary (describe):  
Behaviors/attitudes from service provider:  
Customer reactions:

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## **APPENDIX C: STUDY RECRUITMENT LETTER**

Dear Consumers,

I am a researcher from the Rosen College of Hospitality Management at the University of Central Florida (UCF). We are asking for your participation in a survey designed to understand your experience with feelings of vulnerability as you interact with customer service personnel in a specific industrial context (airlines, banking, or assisted living facilities). It is hoped that this research will help bring awareness for ideal behaviors and attitudes that customer service personnel need in order to properly serve and help consumers that may be experiencing a high stress situation.

This study is designed solely for research purposes. Therefore, no one besides the principal investigator and the faculty advisor will have access to your responses. The survey will take approximately 10-15 minutes to complete. You must be 18 years of age or older to participate.

Your participation is completely voluntary. You do not have to answer any questions that you do not wish to answer. Please be advised that you may choose not to participate in this survey, and you are free to withdraw from it at any time. There is no financial benefit or other compensation awarded by participating in the survey.

This survey is completely anonymous. Authorized research personnel, the UCF Institutional Review Board, and other individuals acting on behalf of the UCF may inspect the records from this research project.

Please note that the results of this study may be published. However, the published results will not include your name or any other information that would personally identify you in any way.

If you have questions, concerns, or complaints about this research study, please contact Taryn Aiello, Ph.D Candidate, UCF Rosen College of Hospitality Management at [taryn.aiello@ucf.edu](mailto:taryn.aiello@ucf.edu) or via telephone at 407-903-8030 or Dr. Denver Severt, Faculty Supervisor, UCF Rosen College of Hospitality Management at [denver.severt@ucf.edu](mailto:denver.severt@ucf.edu) or via telephone at 407-908-8036.

Questions or concerns about research participants' rights may be directed to the Institutional Review Board Office at the University of Central Florida, Office of Research and Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246. Their telephone numbers are (407) 823-2901 and (407) 882-2012.

I sincerely appreciate your time and participation in this survey.

Sincerely,

Taryn Aiello

Ph.D Candidate

University of Central Florida

Rosen College of Hospitality Management

## **APPENDIX D: AIR TRAVEL STUDY QUESTIONNAIRE**

Instructions: Please circle the appropriate personal information about yourself below:

Gender:

- Male
- Female

Age:

- Under 18
- 18-25
- 26-34
- 35-44
- 45-54
- 55-64
- 65 and over

Marital Status:

- Single (Never Married)
- Married
- Domestic Partnership
- Divorced
- Widowed

Racial / Ethnic Background:

- Caucasian
- African American
- Asian
- Hispanic
- Other

Highest Level of Education:

- Some or no high school
- High school graduate
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree

**Employment Status:**

- Student
- Yes (full-time)
- Yes (part-time)
- No (unemployed)
- Retired

**Total Personal Income Level:**

- Under \$25,000
- \$25,000-\$49,999
- \$50,000-\$75,999
- \$76,000-\$99,999
- Over \$100,000
- Prefer not to answer

**Language Ability:**

- I am able to speak only one language fluently with no knowledge of other languages.
- I am able to speak one language fluently with basic knowledge of only one other language.
- I am able to speak one language fluently with basic knowledge of two or more other languages.
- I am able to speak two languages fluently.
- I am able to speak three or more languages fluently.

**Instructions:** Recall a situation in which you felt vulnerable or a loss of personal control during an air travel experience. Please mark the appropriate response about your experience with that particular travel company.

When was the last time you purchased from or interacted with an air travel company?

- Within the past month
- Within the past six months
- Six months to a year ago
- One or two years ago
- Three to five years ago
- More than five years ago

Approximately how often do you travel by airplane?

- At least once per week
- At least once per month
- Once every 2-3 months
- Once every six months
- About once per year
- At least once every few years
- I have not traveled by airplane in the past five years

Approximately how long ago did you experience a sense of vulnerability or loss of control with an air travel experience?

- Within the past month
- Within the past six months
- Six months to a year ago
- One to two years ago
- Three to five years ago
- More than five years ago

What was your familiarization and/or experience level with the travel company during which you experienced a feeling of vulnerability?

- This was the first time I have ever purchased from or interacted with this particular company.
- I have purchased from or interacted with this company a couple of times in the past.
- I frequently purchase from or interact with this company.
- I exclusively purchase from this company; I am completely loyal to this business and it is the only travel company I use for air travel.

What was the purpose of your trip during which you experienced the feelings of vulnerability?

- Personal (i.e. vacation)
- Business
- Other

During the trip in which you experienced a sense of vulnerability and/or a loss of control with an air travel company, was your trip:

- Domestic (within your country of origin)
- International (traveling between countries)

If inclined, please give a short description of the travel experience in which you felt vulnerable or a loss of personal control (a few sentences only):

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
When employees promised to do something by a certain time, they did so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I had a problem, employees showed sincere interest in solving it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees performed services right the first time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees provided services at the time they promised to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees insisted on error-free records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees told me exactly when services would be performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave prompt service to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were always willing to help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were never too busy to respond to my requests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The behavior of employees instilled confidence in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe in my interactions with employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were consistently courteous with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees had the knowledge to answer my questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave me individualized attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees had my best interests at heart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees understood my specific needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt protective of me if it was perceived that I being taken advantage of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were the type of people who felt touched by the things that they see happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were the type of people who describe themselves as "soft-hearted".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees tried to understand what I was feeling, both emotionally and physically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

**Instructions: Recall a situation in which you felt vulnerable or a loss of personal control during an air travel experience. Please mark the appropriate response about your experience with the service that you received with that particular company.**

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Employees were the type of people that felt the need to reach out to someone feeling sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees spent a lot of time concerned about the well-being of humankind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt a great deal of compassion for customers going through a difficult time, even if they are a stranger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt pain and joy experienced by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt compelled to do almost anything to help other people, even if they are a stranger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees would rather suffer themselves than see someone else suffer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt compassion for other people, even if they don't know them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees had tender feelings towards me when I was in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt a selfless caring for most humankind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees tried to understand me, rather than judge me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt happy when they saw others happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees wished to be kind and good to fellow human beings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees provided positive feedback to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated me to communicate with other customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated me to communicate with other people associated with the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated me to participate in my own service experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree



**Instructions:** Recall a situation in which you felt vulnerable or a loss of personal control during an air travel experience. Please mark the appropriate response about your experience with the service that you received with that particular company.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Employees were friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave me information regarding the expected routine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were able to alleviate my anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made me feel as welcome within their company as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made me feel connected with the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made me feel accepted by the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made me feel at ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave me a sense of well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave me a feeling of hope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided me with sufficient meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided varied food choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided me with adequate privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided comfortable furniture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided adequate activities while waiting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided attractive décor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Employees helped me give voice to my values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees supported my values and choices, even if they don't share the same ones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees provided adequate and appropriate information to me so I could make my own informed decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees monitored the quality of service received to ensure that I was receiving the best possible customer service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees acted as my defender against decisions that violated my wishes or best interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees questioned procedures and practices that do not promote quality customer service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were alert and took appropriate action regarding instances of incompetent, unethical, or illegal business practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees represented my expressed or written wishes under circumstances in which I could not do so myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees actively strived for change on behalf of individuals, groups, and society as a whole.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees reflected on and validated my attitudes, actions, and interactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees tried to see through my eyes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were collaborative and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees based their actions on mutual trust of me and my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees based their actions on mutual respect for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees worked with me towards the goal to provide excellent service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were able to express concerns without judgment from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were committed to maintaining a relationship with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

## **APPENDIX E: BANKING STUDY QUESTIONNAIRE**

Instructions: Please circle the appropriate personal information about yourself below:

Gender:

- Male
- Female

Age:

- Under 18
- 18-25
- 26-34
- 35-44
- 45-54
- 55-64
- 65 and over

Marital Status:

- Single (Never Married)
- Married
- Domestic Partnership
- Divorced
- Widowed

Racial / Ethnic Background:

- Caucasian
- African American
- Asian
- Hispanic
- Other

Highest Level of Education:

- Some or no high school
- High school graduate
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree

**Employment Status:**

- Student
- Yes (full-time)
- Yes (part-time)
- No (unemployed)
- Retired

**Total Personal Income Level:**

- Under \$25,000
- \$25,000-\$49,999
- \$50,000-\$75,999
- \$76,000-\$99,999
- Over \$100,000
- Prefer not to answer

**Language Ability:**

- I am able to speak only one language fluently with no knowledge of other languages.
- I am able to speak one language fluently with basic knowledge of only one other language.
- I am able to speak one language fluently with basic knowledge of two or more other languages.
- I am able to speak two languages fluently.
- I am able to speak three or more languages fluently.

**Instructions:** Recall a situation in which you felt vulnerable or a loss of personal control during a banking or financial service experience. Please mark the appropriate response about your experience with that particular bank or financial company.

When was the last time you purchased from or interacted with your banking company of choice (either online, telephone, or in person)?

- Within the past week
- Within the past month
- Within the past six months
- Six months to a year ago
- More than a year ago

Approximately how long ago did you experience a feeling of vulnerability or loss of control with a banking or financial service?

- Within the past month
- Within the past six months
- Six months to a year ago
- One to two years ago
- Three to five years ago
- More than five years ago

What was your familiarization and/or experience level with the banking company during which you experienced a feeling of vulnerability?

- This was the first time I have ever interacted with this particular company.
- I have interacted with this company a couple of times in the past.
- I frequently interact with this company.
- I exclusively interact with this company; I am completely loyal to this business and it is the only bank/financial service I use for my financial needs.

What was the purpose of your interaction during which you experienced the feelings of vulnerability with the bank/financial company?

- Personal
- Business
- Other

If inclined, please give a short description of the financial service experience in which you felt vulnerable or a loss of personal control (a few sentences only):

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
When employees promised to do something by a certain time, they did so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I had a problem, employees showed sincere interest in solving it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees performed services right the first time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees provided services at the time they promised to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees insisted on error-free records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees told me exactly when services would be performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave prompt service to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were always willing to help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were never too busy to respond to my requests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The behavior of employees instilled confidence in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe in my interactions with employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were consistently courteous with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees had the knowledge to answer my questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave me individualized attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees had my best interests at heart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees understood my specific needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt protective of me if it was perceived that I being taken advantage of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were the type of people who felt touched by the things that they see happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were the type of people who describe themselves as "soft-hearted".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees tried to understand what I was feeling, both emotionally and physically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

**Instructions:** Recall a situation in which you felt vulnerable or a loss of personal control during a banking or financial service experience. Please mark the appropriate response about your experience with the service that you received with that particular company.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Employees were the type of people that felt the need to reach out to someone feeling sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees spent a lot of time concerned about the well-being of humankind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt a great deal of compassion for customers going through a difficult time, even if they are a stranger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt pain and joy experienced by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt compelled to do almost anything to help other people, even if they are a stranger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees would rather suffer themselves than see someone else suffer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt compassion for other people, even if they don't know them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees had tender feelings towards me when I was in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt a selfless caring for most humankind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees tried to understand me, rather than judge me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt happy when they saw others happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees wished to be kind and good to fellow human beings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees provided positive feedback to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated me to communicate with other customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated me to communicate with other people associated with the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated me to participate in my own service experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree



**Instructions:** Recall a situation in which you felt vulnerable or a loss of personal control during a banking or financial service experience. Please mark the appropriate response about your experience with the service that you received with that particular company.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Employees were friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave me information regarding the expected routine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were able to alleviate my anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made me feel as welcome within their company as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made me feel connected with the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made me feel accepted by the company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made me feel at ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave me a sense of well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave me a feeling of hope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided me with adequate privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided comfortable furniture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided adequate activities while waiting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The company provided attractive décor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Employees helped me give voice to my values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees supported my values and choices, even if they don't share the same ones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees provided adequate and appropriate information to me so I could make my own informed decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees monitored the quality of service received to ensure that I was receiving the best possible customer service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees acted as my defender against decisions that violated my wishes or best interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees questioned procedures and practices that do not promote quality customer service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were alert and took appropriate action regarding instances of incompetent, unethical, or illegal business practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees represented my expressed or written wishes under circumstances in which I could not do so myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees actively strived for change on behalf of individuals, groups, and society as a whole.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees reflected on and validated my attitudes, actions, and interactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees tried to see through my eyes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were collaborative and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees based their actions on mutual trust of me and my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees based their actions on mutual respect for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees worked with me towards the goal to provide excellent service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were able to express concerns without judgment from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were committed to maintaining a relationship with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
It is my belief that employees felt the need to affirm their authority over customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees asserted social power over customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would intentionally work slower than expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would purposely do things wrong to sabotage me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would intentionally give me incorrect information to sabotage me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would intentionally put little effort into their work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would retaliate against me if a situation was frustrating to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees did not always act in my best interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feared asking for help due to the possible retaliation employees may act upon in exchange.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was pleased with the banking company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am pleased with the service experienced with the banking company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was satisfied with the service experienced with the banking company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was dissatisfied with the service experienced with the banking company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I felt the service was good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this banking company to another family member or friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the future, I would choose this banking company again for my personal needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

## **APPENDIX F: ASSISTED LIVING FACILITY STUDY QUESTIONNAIRE**

Instructions: Please circle the appropriate personal information about yourself below:

Gender:

- Male
- Female

Age:

- Under 18
- 18-25
- 26-34
- 35-44
- 45-54
- 55-64
- 65 and over

Marital Status:

- Single (Never Married)
- Married
- Domestic Partnership
- Divorced
- Widowed

Racial / Ethnic Background:

- Caucasian
- African American
- Asian
- Hispanic
- Other

Highest Level of Education:

- Some or no high school
- High school graduate
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree

**Employment Status:**

- Student
- Yes (full-time)
- Yes (part-time)
- No (unemployed)
- Retired

**Total Personal Income Level:**

- Under \$25,000
- \$25,000-\$49,999
- \$50,000-\$75,999
- \$76,000-\$99,999
- Over \$100,000
- Prefer not to answer

**Language Ability:**

- I am able to speak only one language fluently with no knowledge of other languages.
- I am able to speak one language fluently with basic knowledge of only one other language.
- I am able to speak one language fluently with basic knowledge of two or more other languages.
- I am able to speak two languages fluently.
- I am able to speak three or more languages fluently.

**Instructions:** Please mark the appropriate response regarding your experience with a family member who is or was a resident of an assisted living facility (ALF).

What is your familiarization and/or experience level with an assisted living facility?

- I am/was the sole caregiver of a loved one in an assisted living facility.
- I am/was a partial caregiver of a loved one in an assisted living facility (i.e. share responsibility with someone else).
- I am/was a family member of a loved one in an assisted living facility, but my experience or responsibility is rather low.
- I am familiar with assisted living facilities, but have never personally had a loved one who used one.
- I have no familiarity or experience with assisted living facilities.

Is your loved one...

- Currently living at an ALF
- Currently living at home or with another loved one
- Currently living at another health facility (hospital, hospice, in-patient rehabilitation center, etc)
- Deceased
- Other

What is your relationship to the loved one that is currently or was previously a resident of an ALF?

- Spouse/Partner
- Sibling (Brother or Sister)
- Child
- Other family
- Friend

Approximately how long did your loved one live at an ALF? (If currently residing, please indicate how long he or she has lived there):

- Less than one year
- 1-2 years
- 3-5 years
- 6-7 years
- 8-10 years
- More than 10 years

Approximately how often did you visit your loved one when they lived at an ALF? (If currently residing, please indicate how often you currently visit):

- Several times per day
- Once per day
- Several times per week
- Once per week
- Several times per month
- Once a month
- Several times a year
- Once a year or less often

Which of the following statements BEST describes your loved one in terms of care required while residing at his or her ALF?

- My loved one was able to live an independent life with little to no assistance needed.
- My loved one required assistance with everyday activities, such as meals, medication management, bathing, dressing, and transportation ONLY.
- My loved one required nursing care and doctor supervision on a daily basis due to health concerns.
- My loved one required 24-hour monitoring by staff and special security services due to dementia-related ailments.
- None of these statements apply

If inclined, please give a short description of your loved one's experience with vulnerability as a result of living in an assisted living facility (a few sentences only):



	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
When employees promised to do something by a certain time, they did so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When a resident had a problem, employees showed sincere interest in solving it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees performed services right the first time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees provided services at the time they promised to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees insisted on error-free records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees told residents exactly when services would be performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave prompt service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were always willing to help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were never too busy to respond to resident or family requests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The behavior of employees instilled confidence in residents and families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents and families felt safe in their interactions with employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were consistently courteous to residents and families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees had the knowledge to answer family and resident questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave individualized attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees had residents' best interests at heart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees understood the specific needs of residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt protective of residents if it was perceived that they were being taken advantage of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were the type of people who felt touched by the things that they see happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were the type of people who describe themselves as "soft-hearted".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees tried to understand what residents and families were feeling, both emotionally and physically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

**Instructions:** Please mark the appropriate response below as it pertains to your experience with the service you received in the past as a caregiver or family member of a resident at an assisted living facility (ALF).

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Employees were the type of people that felt the need to reach out to someone feeling sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees spent a lot of time concerned about the well-being of humankind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt a great deal of compassion for customers going through a difficult time, even if they are a stranger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt pain and joy experienced by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt compelled to do almost anything to help other people, even if they are a stranger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees would rather suffer themselves than see someone else suffer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt compassion for other people, even if they don't know them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees had tender feelings towards residents when they were in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt a selfless caring for most humankind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees tried to understand residents, rather than judge them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees felt happy when they saw others happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees wished to be kind and good to fellow human beings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees provided positive feedback to when residents performed daily tasks independently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated residents to communicate with other residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated residents to communicate with other people and visitors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated residents to engage in hobbies and activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees motivated residents to participate in their own care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

**Instructions:** Please mark the appropriate response below as it pertains to your experience with the service you received in the past as a caregiver or family member of a resident at an assisted living facility (ALF).

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Employees were friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave residents information regarding their daily routine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were able to alleviate residents' and families' anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made residents and families feel as welcome within their facility as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made residents and families feel connected with the facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made residents and their families feel accepted by the facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees made residents and their families feel at ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave residents and families a sense of well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees gave residents and families a feeling of hope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ALF provided sufficient meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ALF provided varied food choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ALF provided residents with adequate privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ALF provided residents with comfortable furniture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ALF provided residents with adequate recreational facilities and/or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ALF provided attractive décor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

**Instructions:** Please mark the appropriate response below as it pertains to your experience with the service you received in the past as a caregiver or family member of a resident at an assisted living facility (ALF).

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
Employees helped residents and/or families give voice to their values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees supported residents and/or family values and choices, even if they don't share the same ones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees provided adequate and appropriate information to residents and/or families so they could make my own informed decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees monitored the quality of service received to ensure that residents received the best possible care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees acted as a defender against medical decisions that violated residents' or families' wishes or best interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees questioned procedures and practices that do not promote comfort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were alert and took appropriate action regarding instances of incompetent, unethical, or illegal business practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees represented residents' expressed or written wishes under circumstances in which the resident could not do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees actively strived for change on behalf of individuals, groups, and society as a whole.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees reflected on and validated residents' and/or family attitudes, actions, and interactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees tried to see through the eyes of the resident and/or their family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were collaborative and helpful to the resident and/or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees based their actions on mutual trust of residents and/or their family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees based their actions on mutual respect for residents and/or their family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees worked with residents and/or families towards the goal to provide therapeutic healing and comfort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees, residents, and family members were able to express concerns without judgment from either party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees were committed to maintaining a relationship with residents and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree



**Instructions:** Please mark the appropriate response below as it pertains to your experience with the service you received in the past as a caregiver or family member of a resident at an assisted living facility (ALF).

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
It is my belief that employees felt the need to affirm their authority over residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees asserted social power over residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would intentionally work slower than expected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would purposely do things wrong to sabotage my loved one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would intentionally give incorrect information to sabotage my loved one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would intentionally put little effort into their work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees would retaliate against my loved one if a situation was frustrating to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my belief that employees did not always act in my loved one's best interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My loved one feared asking for help due to the possible retaliation employees may act upon in exchange.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was pleased with the ALF.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am pleased with the service experienced with the ALF.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was satisfied with the service experienced with the ALF.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was dissatisfied with the service experienced with the ALF.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I felt the service was good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this ALF to another family member or friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the future, I would choose this ALF if I needed to choose an assisted living facility for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

## REFERENCES

- Aday, L. (2001). *At risk in America*. San Francisco, CA: Jossey-Bass.
- Aiello, T., Severt, D., Rompf, R., & Breiter, D. (2010). A fundamental exploration of administrative views of hospital hospitality and service excellence. *Advances in Hospitality and Leisure, 6*, 185-211.
- Albee, G. (1998). Fifty years of clinical psychology: Selling our soul to the devil. *Applied Preventative Psychology, 7*, 189-194.
- Andreasen, A. (1975). *The disadvantaged consumer*. New York: Free Press.
- Andreasen, A. (1976). The differing nature of consumerism in the ghetto. *Journal of Consumer Affairs, 10*(2), 179-190.
- Andreasen, A.R., & Manning, J. (1990). The dissatisfaction and complaining behavior of vulnerable consumers. *Journal of Consumer Satisfaction, Dissatisfaction, and Complaining Behavior, 3*, 12-20.
- Baker, S., Gentry, J., & Rittenburg, T. (2005). Building understanding of the domain of consumer vulnerability. *Journal of Macromarketing, 25*(2), 128-139.
- Baker, T.L. (1994). *Doing Social Research* (2<sup>nd</sup> ed.). New York: McGraw-Hill Inc.
- Bagozzi, R.P., & Yi, Y. (1988). On the evaluation of structural equation models. *Journal of the Academy of Marketing Science, 16*(1), 74-94.
- Barnhill, J. A. (1972). Market injustice: The case of the disadvantaged consumer. *Journal of Consumer Affairs, 6*(1), 78-83.
- Batson, C.D., O'Quin, K., Fultz, J., Vanderplas, M., & Isen, A.M. (1983). Influence of self-reported distress and empathy on egoistic versus altruistic motivation to help. *Journal of Personality and Social Psychology, 45*(3), 706-718.
- Bauer, R. (1960). Consumer behavior as risk taking. In R.S. Hancock (Ed.), *Dynamic Marketing for a Changing World*, (p. 24) Chicago AMA Proceedings.
- Beatty, S., & Smith, S. (1987). External search effort: An investigation across several product categories. *Journal of Consumer Research, 14*, 83-95.
- Bendapudi, N., & Berry, L. (1997). Customers' motivations for maintaining relationships with service providers. *Journal of Retailing, 73*(1), 15-37.

- Bendapudi, N., Berry, L., Frey, K., Parish, J., & Rayburn, W. (2006). Patients' perspectives on ideal physician behaviors. *Mayo Clinic Proceedings*, 81(3), 338-344.
- Bernal, E.W. (1992). The nurse as patient advocate. *Hastings Center Report*, 22(4), 18-23.
- Berry, L.L., & Seltman, K.D. (2008). *Management lessons from the Mayo Clinic*. New York: McGraw-Hill.
- Bies, R.J., & Moag, J.S. (1986). Interactional justice: Communication criteria of fairness. *Research on Negotiation in Organizations*, 1, 43-55.
- Bitner, M., Booms, B., & Tetreault, M. (1990). The service encounter: Diagnosing favorable and unfavorable incidents. *Journal of Marketing*, 54, 71-84.
- Brotherton, B. (1999). Towards a definitive view of the nature of hospitality and hospitality management. *International Journal of Contemporary Hospitality Management*, 11(4), 165-173.
- Bu, X., & Jezewski, M.A. (2007). Developing a mid-range theory of patient advocacy through concept analysis. *Journal of Advanced Nursing*, 57(1), 101-110.
- Bu, X., & Wu, Y.W.B. (2008). Development and psychometric evaluation of the instrument: attitude toward patient advocacy. *Research in Nursing & Health*, 31(1), 63-75.
- Bunker, M., & Ball, A.D. (2009). Consequences of customer powerlessness: Secondary control. *Journal of Consumer Behaviour*, 8(5), 268-283.
- Cebulla, A. (2007). Class or individual? A test of the nature of risk perceptions and the individualisation thesis of risk society theory. *Journal of Risk Research*, 10(2), 129-148.
- Chang, H-S., & Hsiao, H-L. (2008). Examining the casual relationship among service recovery, perceived justice, perceived risk, and customer value in the hotel industry. *The Service Industries Journal*, 28(4), 513-528.
- Chase, R. (1981). The customer contact approach to services: Theoretical bases and practical extensions. *Operations Research*, 29(4), 698-706.
- Clemmer, E. (1988). *The role of fairness in customer satisfaction with services*. (Doctoral Dissertation). University of Maryland, College Park, MD.
- Coghlan, A. & Gooch, M. (2011). Applying a transformative learning framework to volunteer tourism. *Journal of Sustainable Tourism*, 19(6), 713-728.
- Commuri, S., & Ekici, A. (2008). An enlargement of the notion of consumer vulnerability. *Journal of Macromarketing*, 28(2), 183-186.

- Connell, J., & Lowe, A. (1997). Generating grounded theory from qualitative data: The application of inductive methods in tourism and hospitality management research. *Progress in Tourism and Hospitality Research*, 3(2), 165-173.
- Cox, D., & Rich, S. (1964). Perceived risk and consumer decision making: The case of telephone shopping. *Journal of Marketing Research*, 4(3), 32-39.
- Creswell, J. (2003). *Research design: Qualitative, quantitative, and mixed methods* (2<sup>nd</sup> ed.). Thousand Oaks, California: Sage Publications.
- Crigger, N.J., Brannigan, M., & Baird, M. (2006). Compassionate nursing professionals as good citizens of the world. *Advances in Nursing Science*, 29(1), 15-26.
- Criswell, E. (2003). A challenge to humanistic psychology in the 21st century. *Journal of Humanistic Psychology*, 43(3), 42-52
- Csikszentmihalyi, M. (1978). Attention and the holistic approach to behavior. In K.S. Pope & J. L. Singer (Eds.), *The stream of consciousness* (pp. 335-358). New York: Plenum.
- Cunningham, S. (1967). The major dimensions of perceived risk, In D.F. Cox (Ed.), *Risk Taking and Information Handling in Consumer Behavior*, Boston, MA: Harvard University Press.
- Dabos, G.E., & Rousseau, D.M. (2004). Mutuality and reciprocity in the psychological contracts of employees and employers. *Journal of Applied Psychology*, 89(1), 52-72.
- Dash, J., Schiffman, L., & Berenson, C. (1976). Risk- and personality-related dimensions of store choice. *Journal of Marketing*, 40(1), 32-39.
- Davis, M. (1980). A multidimensional approach to individual differences in empathy. *Catalog of Selected Documents in Psychology*, 10, 85-104.
- Davis, M. (1996). *Empathy: a social psychology perspective*. Oxford, UK: Westview Press.
- Demirdogen, O., Yaprakli, S., Yilmaz, M., & Husain, J. (2010). Customer risk perceptions of Internet banking—A study in Turkey. *Journal of Applied Business Research*, 26 (6), 57-67.
- DeVillis, R.F. (1991). *Scale development: Theory and applications*. Newbury Park, CA: Sage Publication.
- Dillman, D.A., Smyth, J.D., & Christian, L.M. (2009). *Internet, mail, and mixed-mode surveys: The Tailored Design Method* (3<sup>rd</sup> ed.). Hoboken, New Jersey: John Wiley & Sons, Inc.



- Dysart-Fale, D. (2010). Social justice and social determinants of health: Lesbian, gay, bisexual, transgendered, intersexed, and queer youth in Canada. *Journal of Child and Adolescent Psychiatric Nursing*, 23(1), 23-28.
- Ekman, P. (2003). *Emotions revealed: Recognizing faces and feelings to improve communication and emotional life*. New York: Henry Holt.
- Elliott, R., Bohard, A.C., Watson, J.C., Greenberg, L.S. (2011). Empathy. *Psychotherapy*, 48(1), 43.
- Eloranta, S., Arve, S., Isoaho, H. Welch, A., Viitanen, M., & Routasalo, P. (2010). Perceptions of the psychological well-being and care of older home care clients; Clients and their carers. *Journal of Clinical Nursing*, 19(5-6), 847-855.
- Elster, J. (2007). *Explaining social behavior: More nuts and bolts for the social sciences*. New York: Cambridge University Press.
- Evans, S., Hanlin, C., & Prilleltensky, I. (2007). Blending ameliorative and transformative approaches in human service organizations: A case study. *Journal of Community Psychology*, 35(3), 329-346.
- Faulkner, M., & Davies, S. (2005). Social support in the healthcare setting: The role of volunteers. *Health & Social Care in the Community*, 13(1), 38-45.
- Fehr, B., & Russell, J.A. (1991). The concept of love viewed from a prototype perspective. *Journal of Personality and Social Psychology*, 60(3), 425-438.
- Folkes, V.S. (1984). Consumer reactions to product failure: An attributional approach. *Journal of Consumer Research*, 10, 398-409.
- Fox, R.E. (2008). Advocacy: The key to the survival and growth of professional psychology. *Professional Psychology: Research and Practice*, 39(6), 633-637.
- Garrett, D., & Toumanoff, P. (2010). Are consumers disadvantaged or vulnerable? An examination of consumer complaints to the better business bureau. *Journal of Consumer Affairs*, 44(1), 3-23.
- Gerristen, D.L., Steverink, N., Frijters, D.H., Ooms, M.E., & Ribbe, M.W. (2010). Social well-being and its measurement in the nursing home, the SWON-scale. *Journal of Clinical Nursing*, 19(9-10), 1243-1251.
- Giddens, A. (1994). *Beyond Left and Right*. Cambridge, UK: Polity Press.
- Gilje, F.L. (2004). Hospitality: A call for dialogue. *Nursing forum*, 39(4), 36-39.

- Goetz, J.L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin*, 136(3), 351-374.
- Goodwin, C. & Ross, I. (1989). Salient dimensions of perceived fairness in resolution of service complaints. *Journal of Business Research*, 25, 149-163.
- Grant, R.M., Shani, R., & Krishnan, R. (1994). TQM's challenge to management theory and practice. *Sloan Management Review*, 35, 25-35.
- Greenberg, J. (1990). Looking fair versus being fair: managing impressions of organizational justice. *Research in Organizational Behavior*, 12, 11-157.
- Gronroos, C. (1990). *Service management and marketing*. Lexington, Massachusetts: Lexington Books.
- Gwinner, K., Gremler, D., & Bitner, M. (1998). Relational benefits in services industries: The customer's perspective. *Journal of the Academy of Marketing Science*, 26(2), 101-114.
- Halstead, D., Jones, M., and Cox, A. (2007). Satisfaction theory and the disadvantaged consumer. *Journal of Consumer Satisfaction, Dissatisfaction, and Complaining Behavior*, 20, 15-35.
- Harrington, H. & Trusko, B. (2005). Six sigma: An aspirin for health care. *International Journal of Health Care Quality Assurance*, 18(7), 487-515.
- Hatfield, E., Cacioppo, J.T., & Rapson, R.L. (1993). Emotional contagion. *Current Directions in Psychological Science*, 2(3), 96-99.
- Hepple, J., Kipps, M., & Thomas, J. (1990). The concept of hospitality and an evaluation of its applicability to the experience of hospital patients. *International Journal of Hospitality Management*, 9(4), 305-318.
- Hill, R.P. (2002). Stalking the poverty consumer: A retrospective examination of modern ethical dilemmas. *Journal of Business Ethics*, 37, 209-219.
- Hill, R.P. (2005). Do the poor deserve less than surfers? An essay for the special issue on vulnerable consumers. *Journal of Macromarketing*, 25(2), 215-218.
- Hill, T. (1977). On goods and services. *Review of Income and Wealth*, 23(4), 315-338.
- Hocutt, M.A., Chakraborty, G., & Mowen, J.C. (1997). The impact of perceived justice on customer satisfaction and intention to complain in a service recovery. *Advances in Consumer Research*, 24, 457-463.
- Hodgkins, M., Albert, D., & Daltroy, L. (1985). Comparing patients' and their physicians'

- assessments of pain. *Pain*, 23(3), 273-277.
- Hoffman, M.L. (1981). Is altruism part of human nature? *Journal of Personality and Social Psychology*, 40(1), 121-137.
- Hogg, M.K., Howells, G., & Milman, D. (2007). Consumers in the Knowledge-Based Economy (KBE): What creates and/or constitutes consumer vulnerability in the KBE? *Journal of Consumer Policy*, 30(2), 151-158.
- Howard, J. (1965). *Marketing Theory*, Boston MA: Allyn & Bacon.
- Iacobucci, D., & Ostrom, A. (1996). Commercial and interpersonal relationships; using the structure of interpersonal relationships to understand individual-to-individual, individual-to-firm, and firm-to-firm relationships in commerce. *International Journal of Research in Marketing*, 13(1), 53-72.
- Jacoby, J., & Kaplan, L. (1972). The components of perceived risk. *Advances in Consumer Research*, 3(3), 382-383.
- Jeon, Y.H. (2004). Shaping mutuality: Nurse-family caregiver interactions in caring for older people with depression. *International Journal of Mental Health Nursing*, 13(2), 126-134.
- Johnson, E. (1969). *Are Goods and Services Different? An Exercise in Marketing Theory*. (Doctoral dissertation). Washington University, St. Louis, MO.
- Johnson, M., Sivadas, E., & Garbarino, E. (2008). Customer satisfaction, perceived risk, and affective commitment: An investigation of directions of influence. *Journal of Services Marketing*, 22(5), 353-362.
- Judd, R. (1964). The case for redefining services. *Journal of Marketing*, 28(1), 58-59.
- Kappesser, J., Williams, A., & Prkachin, K.M. (2006). Testing two accounts of pain underestimation. *Pain*, 124(1), 109-116.
- Lane, J.A. (1987). The care of the human spirit. *Journal of Professional Nursing*, 3(6), 332-337.
- Littler, D., & Melanthiou, D. (2006). Consumer perceptions of risk and uncertainty and the implications for behavior towards innovative retail services: The case of Internet banking. *Journal of Retailing and Consumer Services*, 13(6), 431-443.
- Lovelock, C. (1983). Classifying services to gain strategic marketing insights. *The Journal Of Marketing*, 47(3), 9-20.
- Lovelock, C., & Gummesson, E. (2004). Whither services marketing? In search of a new paradigm and fresh perspectives. *Journal of Service Research*, 7(1), 20-41.

- Lovelock, C., & Wirtz, J. (2004). *Services Marketing: People, technology, strategy, Fifth Edition*. Upper Saddle River, NJ: Prentice Hall.
- MacIntosh, G. (2002). Perceived risk and outcome differences in multi-level service relationships. *Journal of Services Marketing*, 16(2), 143-157.
- Marlowe, J., & Atilas, J.H. (2005). Consumer fraud and Latino immigrant consumers in the United States. *International Journal of Consumer Studies*, 29(5), 391-400.
- Mechanic, D., & Tanner, J. (2007). Vulnerable people, groups, and populations: Societal view. *Health Affairs*, 26(5), 1220-1230.
- Mertens, D.M., & Ginsberg, P.E. (2008). Deep in ethical waters: Transformative perspectives for qualitative social work research. *Qualitative Social Work*, 7(4), 484-503.
- Miles, M. & Huberman, A. (1994). *Qualitative data analysis*. Thousand Oaks, California: Sage Publications, Inc.
- Mills, P. & Margulies, N. (1980). Toward a core typology of service organizations. *Academy of Management Review*, 5(2), 255-266.
- Misztal, B.A. (2011). Trust: Acceptance of, precaution against and cause of vulnerability. *Comparative Sociology*, 10(3), 358-379.
- Mitchell, V., & Greatorex, M. (1993). Risk perception and reduction in the purchase of consumer services. *The Service Industries Journal*, 13(4), 179-200.
- Mohr, L.A., & Bitner, M. J. (1995). The role of employee effort in satisfaction with service transactions. *Journal of Business Research*, 32(3), 239-252.
- Mollering, G. (2001). The nature of trust: From Georg Simmel to a theory of expectation, interpretation, and suspension. *Sociology*, 35(2), 403-420.
- Morgan, F., Schuler, D., & Stoltman, J. (1995). A framework for examining the legal status of vulnerable consumers. *Journal of Public Policy and Marketing*, 14(2) 267-277.
- Nordgren, L.F., Banas, K., & MacDonald, G. (2011). Empathy gaps for social pain: Why people underestimate the pain of social suffering. *Journal of Personality and Social Psychology*, 100(1), 120-128.
- Nunnally, J.C. (1978). *Psychometric theory* (2<sup>nd</sup> ed.). New York: McGraw-Hill Inc.
- Nussbaum, M.C. (1997). *Cultivating humanity: A classical defense of reform in liberal education*. Boston, MA: Harvard University Press.

- O'Connell, E. (2008). Therapeutic relationships in critical care nursing: A reflection on practice. *Nursing in Critical Care, 13*(3), 138-143.
- O'Connor, D. (2005). Towards a new interpretation of "hospitality". *International Journal of Contemporary Hospitality Management, 17*(3), 267-271.
- Ostrum, A., Bitner, M., Brown, S., Burkhard, K., Goul, M., Smith-Daniels, V., ... Rabinovich, E. (2010). Moving forward and making a difference: Research priorities for the science of service. *Journal of Service Research, 13*(1), 4-36.
- Oveis, C., Horberg, E.J., & Keltner, D. (2010). Compassion, pride, and social intuitions of self-other similarity. *Journal of Personality and Social Psychology, 98*(4), 618-630.
- Pacquiano, D. F. (2008). Nursing care of vulnerable populations using a framework of cultural competence, social justice, and human rights. *Contemporary Nurse, 28*(1-2), 189-197.
- Parasuraman, A., Zeithaml, V., & Berry, L. (1985). A conceptual model of service quality and its implications for future research. *Journal of Marketing, 49*, 41-50.
- Parasuraman, A., Zeithaml, V., & Berry, L. (1988). SERVQUAL: A multi-item scale for Measuring consumer perceptions of service quality. *Journal of Retailing, 64*(1), 12-40.
- Patten, C.S. (1994). Understanding hospitality. *Nursing Management, 25*(3), 80a-80c.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods, Third Edition*. Thousand Oaks, CA: Sage Publications, Inc.
- Pine, B. & Gilmore, J. (1998). Welcome to the experience economy. *Harvard Business Review, 76*(6), 97-105.
- Pine, B. & Gilmore, J. (1999). *The experience economy: Work is theatre and every business a stage*. Boston, MA: Harvard Business Press.
- Post, S.G. (2005). Altruism, happiness, and health: It's good to be good. *International Journal of Behavioral Medicine, 12*(2), 66-77.
- Ratts, M., Anthony, L., & Santos, K. (2010). The dimensions of social justice model: Transforming traditional group work into a socially just framework. *Journal for Specialists in Group Work, 35*(2), 160-168.
- Randall, L. & Senior, M. (1994). A model for achieving quality in hospital hotel services. *International Journal of Contemporary Hospitality Management, 6*(1/2), 68-74.
- Rathmell, J. (1974). *Marketing in the service sector*. Cambridge, MA: Winthrop Publishers.
- Ringold, D.J. (2005). Vulnerability in the marketplace: Concepts, caveats, and possible solutions.

- Journal of Macromarketing*, 25(2), 202-214.
- Roselius, T. (1971). Consumer rankings of risk reduction methods. *Journal of Marketing*, 35(1), 56-61.
- Rosenthal, B. (1972). The psychology of compassion. *Human Context*, 4(3), 600-607.
- Rousseau, D.M. (2005). *I-deals: Idiosyncratic deals with employees bargain for themselves*. New York: M.E. Sharpe.
- Rousseau, D.M., Sitkin, S.B., Burt, R.S., & Camerer, C. (1998). Not so different after all: A cross-discipline view of trust. *Academy of Management Review*, 23(3), 393-404.
- Schmenner, R. (1986). How can service businesses survive and prosper. *Sloan Management Review*, 27(3), 21-32.
- Schumacher, K.L., Stewart, B.J., Archbold, P.G., Caparro, M., Mutale, F., & Agrawal, S. (2008). Effects of caregiving demand, mutuality, and preparedness on family caregiver outcomes during cancer treatment. *Oncology Nursing Forum*, 35(1), 49-56.
- Sedgley, D., Pritchard, A., & Morgan, N. (2011). Tourism and ageing: A transformative research agenda. *Annals of Tourism Research*, 38(2), 422-436.
- Selman, R.L. (1980). *The growth of interpersonal understanding: Developmental and clinical analyses*. New York: Academic Press.
- Severt, D. (2002). *The customer's path to loyalty: A partial test of the relationships of prior experience, justice, and customer satisfaction*. (Doctoral Dissertation). Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
- Severt, D., Aiello, T., Elswick, S., & Cyr, C. (2008). Hospitality in hospitals? *International Journal of Contemporary Hospitality Management*, 20(6), 664-678.
- Shafti, F., Van Der Meer, R., & Williams, T. (2007). An empirical approach to service classification for productivity management studies. *The Service Industries Journal*, 27(6), 709-730.
- Shaver, P.R., Schwartz, J., Kirson, D., & O'Connor, C. (1987). Emotion knowledge: Further exploration of a prototype approach. *Journal of Personality and Social Psychology*, 52, 1061-1086.
- Sheth, J., & Parvatiyar, A. (1995). The evolution of relationship marketing. *International Business Review*, 4(4), 397-418.
- Shostack, G. L. (1977). Breaking free from product marketing. *Journal of Marketing*, 41(2), 73-80.

- Silvestro, R., Fitzgerald, L., Johnston, R., & Voss, C. (1992). Towards a classification of service processes. *International Journal of Service Industry Management*, 3(3), 62-75.
- Simmel, G. (1978). *The philosophy of money*. (T. Bottomore & D. Frisby, Trans.). London: Routledge & Kegan Paul. (Original work published 1900).
- Smedley, B. & Syme, S. (Eds.) (2000). *Promoting health: Intervention strategies from social and behavioral research*. Institute of Medicine, Washington DC: National Academy Press.
- SmithBattle, L., Diekemper, M., & Leander, S. (2004). Moving upstream: Becoming a public health nurse, part 2. *Public Health Nursing*, 21(2), 95-102.
- Sprecher, S., & Fehr, B. (2005). Compassionate love for close others and humanity. *Journal of Social and Personal Relationships*, 22(5), 629-651.
- Stokols, D. (2000). Social ecology and behavioral medicine: Implications for training, practice, and policy. *Behavioral Medicine*, 26, 129-138.
- Stone, R., & Barry Mason, J. (1995). Attitude and risk: Exploring the relationship. *Psychology & Marketing*, 12(2), 135-153.
- Swan, J. & Pruden, H. (1977). Marketing insights from a classification of services. *American Journal of Small Business*, 2(1), 38-48.
- Sweeney, J., Soutar, G., & Johnson, L. (1999). The role of perceived risk in the quality-value Relationship: A study in a retail environment. *Journal of Retailing*, 75(1), 77-105.
- Titchen, A. (2001). Critical companionship: a conceptual framework for developing expertise. In J. Higgs & A. Titchen, *Practice knowledge and expertise in the health professions*, (pp. 88-90). Oxford: Butterworth-Heinemann Limited.
- Underwood, L. (2002). The human experience of compassionate love: Conceptual mapping and data from selected studies. In S.G. Post, L. Underwood, J.P. Schloss, & W.B. Hurlburt, *Altruism and altruistic love: Science, philosophy, and religion in dialogue*, (pp. 72-88). New York: Oxford University Press.
- Uslander, E.M. (2002). *The moral foundations of trust*. New York: Cambridge University Press.
- Viswanathan, M., Rosa, J.A., & Harris, J.E. (2005). Decision making and coping of functionally illiterate consumers and some implications for marketing management. *Journal of Marketing*, 69(1), 15-31.
- Williamson, G.M., & Schulz, R. (1995). Caring for a family member with cancer: past communal behavior and affective reactions. *Journal of Applied Social Psychology*, 25(2), 93-166.

- Wothke, W. (1993). Nonpositive definite matrices in structural modeling. In K.A. Bollen & J.S. Long (Eds.), *Testing structural equation models* (pp. 256-293). Newbury Park, CA: Sage Publications, Inc.
- Yin, R.K. (2003). *Case study research: Design and methods* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Zahn-Waxler, C., Friedman, S.L., & Cummings, E.M. (1983). Children's emotions and behaviors in response to infants' cries. *Child Development*, 54, 1522-1528.
- Zakour, M.J., & Harrell, E.B. (2003). Access to disaster services: Social work inventions for vulnerable populations. *Journal of Social Service Research*, 22(1/2), 7-25.
- Zeithaml, V., Parasuraman, A., & Berry, L. (1990). *Delivering quality service: balancing customer perceptions and expectations*. New York: The Free Press.
- Zikmund, W.G. (2003). *Business research methods* (7<sup>th</sup> ed.). Boston, MA: South-Western College Publications.