

The Effect of the Survey Feedback on the Congruency between Employees and Customers: A

Study on the Quality Perceptions in Services for Individuals with Intellectual Disability

Master Thesis

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### **Abstract**

To provide high-quality service, employees and customers require a congruent perception of the service being delivered. Hence, obtaining information from both parties and looking at the service quality perception gap can lead to a larger congruency between employees and customers. To that end, survey feedback is an organizational development tool that has proven powerful when changing employees' behaviour and attitudes. We used this tool to enhance the congruency between employees and customers in centres delivering service to individuals with intellectual disability by systematically collecting the data from employees and customers (i.e., family members) and then informing employees about the perception differences. We hypothesized that employees would underestimate their functional and relational service quality and that the survey feedback sessions would change employees' perception about their service and reduce the gap. To test this proposition, a quasi-experimental study design with 49 Spanish centres was conducted. Randomly collected participants – employees and family members – were asked to fill in the questionnaire providing demographical characteristics and assessing service quality (T1). One month later, 25 centres underwent a survey feedback session. Data were collected again four months after the first assessment (T2) in both the survey-feedback and control condition centres. The *t*-test and ANOVA analyses showed that employees underestimate their service quality and that survey feedback can serve to reduce the gap in the quality perceptions for relational service quality. Theoretical and practical implications, limitations and research opportunities are discussed.

*Key words:* functional service quality, relational service quality, survey feedback, perception gap, underestimation, intellectual disability

## Introduction

Today's globalization and market liberalisation together with the complexity and the size of the service sector have led to the service quality becoming one of the key factors contributing to organization's sustainability and competitiveness (Peiró, Martínez-Tur, & Ramos, 2005; Sánchez-Hernández, Martínez-Tur, Peiró, & Ramos, 2009). Although the service sector represents a large portion of economy, the research on the service quality is not as vast as that of the product quality (Parasuraman, Zeithaml, & Berry, 1985; Yoo & Park, 2007); hence, there is a need for advancing the research and help organizations improve their service quality in order to satisfy customers and benefit financially. One could argue that this is only true for the for-profit organizations since the non-for-profit organizations do not consider financial objectives as their first concern. What would then be their motive for striving toward the high quality service? Apart from the customer satisfaction, improvement of the quality of life of the individuals they support may be one of the reasons at least in the services with the social objectives (e.g., centres for individuals with intellectual disability). Due to a strong bond between employees and persons with intellectual disability, high service quality can improve the quality of life of the persons with intellectual disability (Molina, Moliner, Martínez-Tur, Cropanzano, & Peiró, 2015).

To provide the high quality service, employees and customers need a congruent perception about the service delivered. The gaps in the service quality perception that might emerge are able to predict the customer service encounter (Klose & Finkle, 1995) and can lead to negative word-of-mouth comments about the service provider (Brown & Swartz, 1989). As well, they have important managerial implications for improvement of the service quality (Julien & Tsoni, 2013; Peiró et al., 2005). Addressing gaps, therefore, can ensure consistent experiences and in this way increase the probability of the customer satisfaction and the positive service evaluation. To be able to provide excellent service, employees should

receive customer evaluation of services. Review of 19 models of the service quality highlights two crucial elements contributing to the service quality improvements, namely the effective measurement and the feedback system (Seth, Deshmukh, & Vrat, 2005). Only when the gaps are identified, a strategy for reducing them and achieving congruency can be selected. One way to achieve this is to help employees become aware of the factors that the customers consider when evaluating their work as well as to learn about the customers' quality perceptions of the services provided (Brown & Swartz, 1989). This information can be obtained by surveying the customers and feeding back the data to the organizational members. This procedure is so-called survey feedback (Nadler, 1976), a widely used technique for organizational change.

The study of perception gaps is substantial as it is a primary step towards an increased congruency between employees and customers (Peiró et al., 2005). Congruency in the service quality perception leads to more the positive service encounter and strengthens the probability of the relationship between the employee and the customer becoming long-term (Brown & Swartz, 1989). Moreover, due to intangibility, perishability, heterogeneity, and simultaneous production, delivery, and consumption of services, the management cannot supervise the service quality directly (Parasuraman et al., 1985; Schneider & Bowen, 1985). As the impact of the survey feedback on the change in attitudes and behaviours has been demonstrated (e.g., Born & Mathieu, 1996; Force et al., 1984; Gavin & Krois, 1983; Peiró et al., 1999); this study will centre on the change in perceptions as one possible effect of this method. Hence, this study looked at the effect of the survey feedback to see if the method itself contributed to any change in the perception gap. Moreover, this research project aims to explore functional – delivery of the core services – and relational – established emotional bonds beyond these core services – service quality in the non-for-profit health service

organizations, more precisely in centres that provide service to individuals with intellectual disability.

The contribution of this study is therefore twofold. Firstly, we aim to extend the literature on the perception gaps, more precisely on the over- and underestimation of the service quality in the non-for-profit sector. Previous research studies on gaps showed that employees in the profit oriented service organizations tend to overestimate the quality they deliver (see Peiró et al., 2005), which might be counterproductive if organization wants to increase customer loyalty and the positive word-of-mouth. However, to our knowledge this has not yet been studied in the non-for-profit sector; especially in organizations that deliver complex services, such as those for individuals with intellectual disability. Employees in these centres tend to be more driven to achieve higher quality of life of persons with intellectual disability (e.g., through self-determination; Martínez-Tur, Moliner, Peñarroja, Gracia, & Peiró, 2015; Zhang, Katsiyannis, & Zhang, 2002) than the parents of those individuals. As the service quality contributes to higher quality of life (Molina et al., 2015) of persons with intellectual disability, it is reasonable to expect that employees in such organizations could be more critical of the level of the service quality delivered. In fact, in another sample different from the current study, Molina et al. (2015) observed that quality perceptions were higher among professionals than the family members in both functional and relational aspects. What is more, in their study of nursing homes in the U.S., Amirkhanyan, Kim and Lambright (2008) strengthened the findings of other researchers that the non-for-profit organizations tend to perform better in terms of service quality and access in comparison to the for-profit ones. The underlying reason might be the difference in the focus; the non-for-profit organizations are more patient-centred whereas their for-profit counterparts pay more attention to cost cutting than quality improvements (Eggleston & Zeckhauser, 2002). The heavier focus on service quality in the non-for-profit organization and employees'

specificity and the depth of knowledge about the service that customers should be provided with (Lee, Delene, Bunda, & Kim, 2000), might reinforce their self-criticism and underestimation of the service quality. Addressing these negative attitudes through acquiring more favourable information might facilitate a change toward a more congruent vision of the service quality. Secondly, this study aims to reduce the perception gaps through the survey feedback sessions. To our knowledge the study of survey feedback as the gaps reduction strategy in the service quality context has not yet been addressed with a quasi-experimental approach. To provide high quality customer service, it is necessary for employees and customers to share a vision of the service delivered (Klose & Finkle, 1995). Therefore, employees have to understand the customer evaluations of the services. One way to learn about these evaluations is through survey feedback.

Beside the scientific contribution, it is important to highlight the social relevance of the current study. If the gaps between employees and customers in the non-profit sectors such as the centres for individuals with intellectual disability present an obstacle for a congruent action in improving the quality of life of these individuals, addressing these gaps and achieving higher congruency will impact the quality of life of individuals with intellectual disability (Martínez-Tur et al., 2015). Zhang, Wehmeyer, and Che (2005) stress that promoting and enhancing self-determination of people with disabilities (i.e., giving them opportunities to make choices, experience control, and exhibit competence) has become a leading practice in the U.S. and is emerging in other countries as well. It has been demonstrated that educators (Zhang et al., 2005), professionals (Martínez-Tur et al., 2015), and paraprofessionals (Carter, Sisco, & Lane, 2011) play an important role in enhancing self-determination skills in persons with disabilities as well as assisting parents in enabling their children and young adults to develop these skills. Moreover, discrepancies in perceptions about the service quality indicates faultlines – “hypothetical dividing lines that may split a

group into subgroups based on one or more attributes” (Lau & Murnighan, 1998, p. 328), which have detrimental impact on the outcomes (Thatcher & Patel, 2011; 2012) that both parties want to achieve, i.e. enhanced self-determination and thus quality of life of persons with intellectual disability. Therefore, the congruency in perceptions should be favoured and employees and customers (in our case family members) should overcome this faultline and work as a team to increase the quality of life of persons with intellectual disability.

Equally important is the contribution that this intervention might have for the support staff in intellectual disability services. Providing services to persons with intellectual disabilities can be stressful (Devereux et al., 2008) due to the heavy workload, customer behavioural and health problems, and limited job autonomy (Gray-Stanley & Muramatsu, 2011). Therefore, employees are not only central to the social network of persons they support (Sharrard, 1992), but also have to deal with challenging behaviours and complex jobs that are psychologically demanding (Skirrow & Hatton, 2007). If employees who work with persons with intellectual disability are inclined toward self-criticism and underestimation of the service quality, survey feedback could represent a good strategy for appealing to the strengths of employees and stimulate positive affective reactions (Ilies, De Pater, & Judge, 2007).

## **Service Quality**

### **Definition and Measurement of Service Quality**

There are several definitions of the service quality, yet the emphasis on customers is common to all of them (e.g., Dabholkar, Shepherd, & Thorpe, 2000; Parasuraman, Zeithaml, & Berry, 1988; Reeves & Bednar, 1994). Parasuraman et al. (1985) understand the service quality as an excellence or superiority of a service. To achieve excellence, a prerequisite is that employees and customers have a shared perspective, especially when consensual views and cooperation between them (e.g., professionals and family members) are necessary to

achieve shared relevant goals (e.g., quality of life of individuals with intellectual disability). Accordingly, several authors have investigated perceptual gaps between employees and customers in order to measure and analyse excellence of the service quality (e.g., Brown & Swartz, 1989; Klose & Finkle, 1995; Peiró et al., 2005). The research so far has largely centred on the functional dimensions of service quality, considering the efficiency with which the core services are provided. For example, Parasuraman et al. (1988) designed an instrument (SERVQUAL) to assess the service quality. Although the instrument has been very influential and used in the majority of studies on service quality, it has some limitations that should be considered (see Sánchez-Hernández et al., 2009). It focuses mainly on functional aspects of the service, leaving emotional or relational aspects that are also relevant in services that require contact employee–customer somehow neglected (Price et al., 1995). Services usually include emotional labour that pays special attention to the customer (Sánchez-Hernández et al., 2009) not only transactional or commercial acts (Bove & Johnson, 2000; Shemwell, Yavas, & Bilgin, 1998). This is especially true for the long-term service encounters as the customers receive other important benefits beyond the core service ones; such as relational benefits – confidence, social and special treatment benefits – which are particularly important in the high-contact, customized, and personal service (Gwinner, Gremler, & Bitner, 1998). Similarly, Peiró et al. (2005) report that in the quality-perception-gap analysis the distinction between functional and relational gaps is an important theoretical issue. Butcher, Sparks, and O’Callaghan (2001) also noted that when customers evaluate the service quality their perception and satisfaction with the service is influenced by relational outcomes such as social regard and social comfort.

The limitations of the SERVQUAL and importance of the relational aspects in regard to the perceived service quality made Sánchez-Hernández and his colleagues (2009) propose an instrument measuring functional and relational service quality aspects of the service



quality. *Functional service quality* relates to employees' effort to deliver the core service in an instrumental and efficient manner. Thence, customers are presumed the rational evaluators of the employees' fulfilment of their tasks (Molina et al., 2015). *Relational service quality*, on the other hand, centres on emotional aspects of the service experience and establishment of emotional bonds (Martínez-Tur et al., 2015) that go beyond the core services (Gwinner et al., 1998; Molina et al., 2015). Emotional dimension should especially be considered in the health sector that offers therapeutic, pedagogical, and social services to persons with intellectual disability (Molina et al., 2015). These authors as well argue that although there is an overlap between the relational service quality and the extra-role performance, relational service quality focuses on a friendly and respectful way on performing tasks that in turn show esteem and appreciation towards costumers.

The majority of research that distinguished the functional and relational service quality was conducted in the service sector that is characterized by brief encounters, such as hotels and restaurants (e.g., Peiró et al., 2005; Potočnik, Tordera, Martínez-Tur, Peiró, & Ramos, 2011; Sánchez-Hernández, Martínez-Tur, Peiró, & Moliner, 2010). When delivering service to persons with intellectual disability the service encounter is long-term; therefore, changes in the organization can be more sustainable. By studying organizations that rely on the long-term relationships, we provide an extension to the previous research effort.

The measurement of the service quality perception favours costumer's point of view. As many factors influence the service quality and its perception, other measures should be taken into account, such as the service provider's opinion on the matter. This is especially relevant in the health care industry where due to complexity and heterogeneity of medical specializations and related services customers sometimes have little technical knowledge of the services needed to satisfy them (Eiriz & Figueiredo, 2004; Lee et al., 2000). Due to simultaneity of production and consumption of services, both providers and costumers are

involved in production of the high-quality service (Brown & Swartz, 1989). Employees' perceptions influence the design and the service delivery, whereas consumers' perceptions regulate the service evaluation. Consequently, it is important to take into account both perception of the provider of the service and the customer to gain a more complete picture of the quality service (Brown & Swartz, 1989).

### **Perception Gaps**

Among studies exploring the perception gap, Brown and Swartz (1989) reported the results from their research indicating a significant relationship between perception gaps between doctors and clients and the evaluation of professional services. They conclude that in this manner organization can gain information about the service quality that goes beyond traditional measuring of customer satisfaction. Customer's evaluation is, of course, valuable; yet, even more beneficial when combined with employee's perspective. Schneider, Parkington, and Buxton (1980) found a significant relationship between employee and customer perceptions of service quality in banks which meant that employees comprehended customers' needs and expectations well. Klose and Finkle (1995) similarly found that employees had a strong understanding of customer expectations in a small electric utility in the western U.S., yet they were failing to meet those expectations which resulted in the service quality gap. Authors proposed a model of the service provider and the service quality gaps where the gap exists between customer expectations and employee perception (i.e., service provider gap) and between customer expectations and their perception of the actual service delivered (i.e., service quality gap). They reported a positive relationship between the two gaps and conclude that the reduction of the service provider gap is needed in order to minimize the service quality gap. Small perception gap warrants congruency in expectations and experiences between the two actors and thus increases the chances of customer being satisfied, better evaluate the service or even experience higher quality of life (Molina et al.,

2015). Klose and Finkle (1995) suggested measuring customer expectations and feeding them back to the employees as understanding expectations is crucial for meeting or exceeding them. The impact of feedback on performance is well noted (Baker & Buckley, 1996; Kluger & DeNisi, 1996). With this information, the employees can adapt and change their behaviour in a way that will meet customers' needs and expectations.

Considering both perception of the employee and the customer, the gap can be computed as a difference between the two scores. The gap can potentially range from overestimation (i.e., employee perceives higher service quality than customer) to underestimation (i.e., customer perceives higher service quality than employee) with congruency as a midpoint between the two (Peiró et al., 2005). Overestimation, a result of self-complacency and reflection of employee's lack of attention to customer's needs and expectations, is especially critical for service organizations as it can diminish the customer's satisfaction and the service evaluation. Underestimation, on the other hand, is a result of self-criticism and perception of inadequacies and failures. Congruency of perceptions implies realistic view of the service quality (Peiró et al., 2005). The specificity of the service to individuals with intellectual disability compared to other services (e.g., hospitality services) is observed in constant interaction with customers that have complex and divers needs and, therefore, require high level of dedication. If family members and employees are seen as a team collaborating and working together toward enhancement of the quality of life of persons with intellectual disability, having a non-congruent view of the service quality creates a faultline between family members and employees which can produce negative outcomes in terms of performance and satisfaction of both parties (Thatcher & Patel, 2011; 2012).

Employees' behaviour importantly influences the persons with intellectual disability and it has a direct impact on their quality of life as quite often the employees are one of the most important people in their lives (Kozak, Kersten, Schillmöller, & Nienhaus, 2012). As

well, in centres for individuals with intellectual disability, professionals are more engaged than their family members in a number of aspects of the service. For instance, employees are more rigorous in implementing practices that facilitate self-determination and other facets of quality of life of individuals with intellectual disability than family members (Martínez-Tur et al., 2015; Zhang et al., 2002); hence, family members seem less demanding than employees. Moreover, employees in centres for persons with intellectual disability are confronted with complexity of the job itself, obstacles and low resources (Gray-Stanley & Muramatsu, 2011), which might hinder their positive evaluation of service quality. Taking this into account, it is reasonable to expect that professionals in this specific sub-sector will be more critical toward their delivered service and will underestimate it when the perception of family members is considered as standard. This perception can make employees believe that their efforts are not translated into a positive image among family members. Therefore, we anticipate that employees in the context of working with individuals with intellectual disability will be inclined toward high self-critique and the underestimation is likely to occur.

*H1: The employees will underestimate functional and relational service quality. More specifically, the family members' perceptions of both functional and relational service quality will be higher than the employee perceptions in centres for individuals with intellectual disability.*

### **Survey Feedback**

An organizational activity, among others, that represents the first step toward organizational development is the data collection for the purpose of diagnosis that is followed by intervention. One of the approaches to the organizational change is survey feedback that involves a systemic collection of the data and then feeding those data back to the members of the organization in order to initiate intervention activities (Nadler, 1976). In addition to the intervention, survey feedback is used for sharing information; in this regard, it can be used

for informing employees about the issues that have been surveyed (Martínez-Tur, Peiró, Moliner & Potočnik, 2010).

Survey feedback is an important and widely used technique for initiation of organizational change (Gavin & Krois, 1983; Peiró, González-Romá, & Canero, 1999). Three meta-analyses showed that the survey-guided interventions have a positive effect on employee behaviour and attitudes (Born & Mathieu, 1996) and hence lead to a positive organizational change (Gavin & Krios, 1983).

Many researchers have studied the impact of survey feedback. Some of the first studies of this method were embedded in an action research approach to interventions in organizations. Brown (1972) found that information sharing between researchers and respondents had positive effects on both the quality of the relationship between the two parties as well as the adequacy of the diagnosis. What is more, the improvements in their relationship progressed with time, as respondents changed their perception and attitudes towards the researchers. In the study with the U.S. Air Force, Conlon and Short (1984), for example, found that change in attitudes and perceptions of group members after the survey feedback depended on the supervisor's propensity to discuss the feedback with the group. Conducting the survey feedback within the military industry, Born and Mathieu (1996) found that supervisors who received lower ratings were less likely to use the information and benefit from it compared to the supervisors who received higher ratings. The results were explained with attribution phenomena where lower ratings are more personally threatening. They as well noticed that supervisors who used the information improved significantly over time, whereas the ones who did not take an advantage of the feedback significantly decreased in ratings in the second measurement one year later. They speculated that the organizational development tool had raised expectations for acting upon it and when this had not been the case, some employees had been alienated.

### **Feedback's Impact on Perception Gap**

The impact of feedback has been mostly studied within the context of the multi-sourced-performance evaluations between managers and subordinates. Johnson & Ferstl (1999), for instance, reported that in their study of managers' self-ratings and subordinate ratings about managers' performance in a big U.S. accounting firm, over-raters tended to decrease their self-ratings in the second time of measurement and under-raters tended to increase their self-ratings; however, the effect was not constant throughout the range of self-ratings. They claim that it is reasonable for the managers to change their self-evaluation in addition (or instead of) changing their behaviour when confronted with perception discrepancies between self and others, especially when taking into account that others' evaluations are one determinant of the self-perceptions that underlie Korman's (1976) hypothesis of people being motivated to behave consistently with the self-perceptions. Similarly, in a study of the U.S. Naval Academy, Atwater, Roush, and Fischthal (1995) found that leaders changed their self-evaluation rates to be more similar to the evaluations provided by their followers; over-raters decreased their self-evaluation in the second time of measurement, under-raters increased their self-evaluation and leader's whose self-ratings were similar to the ones of their followers, did not change their perception. In another study carried out in the U.K. automobile service company in the context of their developmental feedback program, Bailey and Fletcher (2002) found that within this program, the manager's self-ratings and the co-workers' ratings became more congruent over time. Moreover, in their study of the video-feedback on students' presentation skills, Rodebaugh and Chambless (2002) found that positive feedback tends to facilitate the change in self-perceptions of individuals who under-rate their performance. The current study extends the investigation of the gap reduction to the service quality and the evaluation of contact employees by customers.

If employees underestimate their service quality than the survey feedback can help to change their perceptions of the service quality by bringing positive information to their knowledge. According to the Pollyanna principle (Matlin & Stang, 1978), pleasant information is favoured by human beings and more accurately and efficiently processed than the unpleasant ones. Consequently, pleasant information (i.e., family members having more positive view of employee service delivered than the employees themselves) from the survey feedback session should be positively accepted by employees and have an effect on adjusting and facilitating the change of their perceptions toward the customers' standard. What is more, interventions in positive psychology (Seligman, Steen, Park, & Peterson, 2005), such as the use of personal strengths, have shown positive effects on participants' level of happiness. In a similar vein, positive information that is given to employees during the survey feedback session can stimulate positive emotions and hence more favourable perceptions. In fact, Ilies et al. (2007) demonstrated that positive feedback produces especially strong positive affects for individuals with lower self-esteem.

Organizations that want to implement interventions for personal or organizational development can do so by disseminating information, i.e., communicating tailored information to a particular target audience (Lemire, Demers-Payette, & Jefferson-Falardeau, 2013) as in the case of the survey feedback. The impact of the active intervention can go beyond the group that the information is communicated to by taking into account the informal communication that takes place in the organization. Informal communication at workplace is voluntary conversation among employees that does not have to be merely work- or task-related (Fay, 2011). Fay was studying themes of informal communication between remote teleworkers with their central office peers and found *business update/exchange* – a basic work-related interaction – as one of the themes. It is related to keeping colleagues informed about the issues within the work context. Hence, it is feasible to infer that employees who

were not involved in the survey feedback per se (the survey feedback session was conducted with only few study participants per centre; see Procedure), learnt about the results through the informal communication with the employees who participated in the session.

Due to the research indicating that the survey feedback has an effect on attitudes and perceptions of employees (Kohley, 2002) and Yammarino and Atwater's (1993) suggestion of using the survey feedback as a mean for improving the accuracy of self-perception; i.e., to reduce the discrepancy gap in agreement between self- and other-evaluations, we anticipate that the survey feedback session will result in reduction of the perception gap between employees and customers. More specifically, workers in the centres for individuals with intellectual disability will reduce their self-criticism after learning (through the survey feedback) that their efforts are positively transferred to the family members, reducing the gap and improving worker's self-perceptions in terms of the service delivery.

*H2: The perception gap will reduce between the two measurements – before and after the survey feedback session.*

*H2a: Survey feedback will reduce functional service quality perception gap between employees and family members in centres for individuals with intellectual disability.*

*H2b: Survey feedback will reduce relational service quality perception gap between employees and family members in centres for individuals with intellectual disability.*

## **Method**

### **Research Context**

The study was carried out in the sub-sector of health industry, in centres that offer services to persons with intellectual disability. The main professions of the employees working in such centres were social worker, psychologist, occupational therapist, physiotherapist, and primary health care workers (Molina et al., 2015; World Health Organization, 2007) who deliver therapeutic, educational, and social services. The customers



in this research study were family members or legal guardians of persons with intellectual disability.

Despite the substantial amount of knowledge on the service quality in health service organizations, little of them address the issue of individuals with intellectual disability that is somehow different from other service organizations. For once, service encounters are long-term with strong affective content and spatial proximity (Molina et al., 2015; Price, Arnould, & Tierney, 1995). Secondly, the customer service quality perception is not assessed directly by persons with intellectual disability but their family members and/or legal guardians, which is common approach in this sub-sector (e.g., Molina et al., 2015).

### **Sample**

A total of 49 centres across Spain each affiliated with the Confederation of Organizations for Persons with Intellectual Disabilities (FEAPS, Spain) participated in the study. They were delivering two types of services: day-care and residential services that were organizing educational and leisure-social activities ( $n = 16$ ) and occupational services that were facilitating the transition to work of individuals with intellectual disability ( $n = 33$ ). The number of participants that answered the questionnaire was 430 employees and 625 family members of individuals with intellectual disability who are provided with services in these centres in the first time of measurement (hereinafter T1). Participants in T1 were invited to participate in the second time of measurement (hereinafter T2), but as some of them declined the participation the reduction in the number of participants can be observed. In T1 the response rate was 95% and 96% for employees and customers respectively. From T1 to T2 there was a reduction in the response rate of 11.6% and 13% for employees and customers respectively.

Employees were in majority female professionals (66.5%; note that all demographic statistics represent T1) where 5.6% of them did not indicate their gender, 35.87 years old on

average ( $SD = 9.01$ ). They have been working in the centre occupying their current position for 77.55 months on average ( $SD = 77.50$ ).

The majority of customers were parents (79.7%), but also legal guardians (10.2%), and others (8.5%). Some customers (1.8%) did not indicate their relationship to the individuals with intellectual disability. The customers were mainly women (62.7%) where 0.8% of them did not indicate their gender, 58.28 years old on average ( $SD = 11.29$ ). On average they were using the service of the centre for 120.41 months ( $SD = 98.05$ ).

### **Procedure**

A quasi-experimental design where the differentiation between the survey-feedback and the control condition was done in a natural, not a laboratory context, was used. Centres were assigned to the control or the survey-feedback condition randomly. There were 25 centres in a survey-feedback condition with 219 professional and 322 family members in T1. Twenty-four centres were assigned a control condition with 211 professionals as well as 303 family members in T1. When collecting the data in each participating centre, both employees and family members were selected randomly; their participation was voluntary and anonymous. Researchers trained one employee per centre to perform the data collection. The employees were asked to rate the level of the service quality delivered in their centre by professionals; customers, similarly, were asked to rate the level of service quality delivered in the centre they were attending. One month after the data collection in T1, workers in each centre that was assigned a survey-feedback condition, participated in the survey feedback session where they learnt about the results of their particular centre. The participation in the survey feedback session depended on availability of employees and work process in each survey-feedback condition centre, yet voluntary. Each session lasted about 3 hours. At least 5 employees were expected to participate (range 5 to 15) in the session where they learnt about the data comparing employees' and customers' perception about the service quality. The

manager of the centre also participated in the discussion. Two researchers played the role of the facilitators in the survey feedback sessions. They presented the results of the survey done in T1 in the first hour of the session, showing the data of employees and customers. After the presentation, there were about 2 hours devoted to an open discussion about the data and the comparison between employees and customer perceptions. In some centres, participants indicated that data can stimulate the implementation of the long-term strategies for improvement. We did not control for this long-term activities. We focused on sharing information and checking if there is a short-time reduction of gaps. Four months after the data collection in T1, all participants were asked to fill in the questionnaire again, regardless the condition. To match the questionnaires in T1 and T2 the codes where participants had to write down the initial letter of their father and mother were used.

## **Measures**

Participants were asked to fill in a questionnaire consisting of the following variables: age, gender, tenure (for employees), duration of the service use (customers had to indicate how long they have been using the centre's service), and the Service Quality Scale.

We measured the perceptions of service quality by employees and customers using a shorter version of the Service Quality Scale (Sánchez-Hernández et al., 2009) validated by Molina et al. (2015). This scale assessed functional and relational service quality delivered by employees. Functional service quality consisted of four items measuring employee reliability, responsiveness, assurance, and personalized attention (e.g., "We assist the intellectually disabled people as quickly as required by each situation."). Relational service quality included three items measuring authentic understanding, extras, and empathy (e.g., "We do things to make the people with intellectual disabilities feel important and special."). The wording of the items for the family members was adapted (e.g., "They (employees) assist the intellectually disabled people as quickly as required by each situation."). All items were rated

on a 7-point Likert scale (1– *strongly disagree*, 7– *strongly agree*). Molina et al. (2015) reported Cronbach's alpha coefficients for employees' perceptions of .85 for functional and .89 for relational service quality; and for family members' perceptions of .80 and .77 for functional and relational service quality respectively.

### **Data Aggregation**

The analysis of this study is aimed at the centre level rather than individual level as the intervention was introduced in the entire organization. It was assumed that the employees in each centre are sufficiently similar to be able to use the mean of their responses as an indicator of the service quality perception in a particular centre. Moreover, the customers were presumed to have a similar view of the service quality of the centre, given that they are exposed to the similar experiences in the same centre (Martínez-Tur, Peiró, & Ramos, 2001). In addition, family members had a long relation with the centre (on average more than 10 years). This long relation permits to share information and develop a consensual view about the service quality in the centre. To statistically justify this decision, the average deviation index ( $AD_{(M)}$ ; Burke & Dunlap, 2002) and intra-class correlation ( $ICC(1)$ ; LeBreton & Senter, 2008) value together with the one-way analysis of variance (ANOVA) to see whether there is a discrimination between the centres (Chan, 1998) were carried on. These values indicated whether the mean of the centre can be used to represent the perception of the individual. All of the analyses mentioned were conducted independently for the data collected in T1 and T2, for the employees and the family members separately.

The values of  $AD_{(M)}$  varied from .580 to .802 (see Table 1) which represented a sufficient – moderate to strong (LeBreton & Senter, 2008) – agreement according to Burke and Dunlap (2002). The values of  $ICC(1)$  ranged from .019 to .235 which is a small to medium agreement, with majority of values representing sufficient agreement (LeBreton & Senter, 2008). The values of one-way ANOVA showed sufficient discrimination between the

centres as they are all statistically significant ( $p < .05$ ) (see Table 2). Considering all of the three indices together, the evidence for the use of data on the centre level is satisfactory.

Table 1

*Average Deviation Indices and Intra-class Correlation Indices for Functional and Relational Service Quality in the Two Times of Measurement for Employees and Family Members*

	Time 1			Time 2		
	<i>AD<sub>(M)</sub></i>		<i>ICC(1)</i>	<i>AD<sub>(M)</sub></i>		<i>ICC(1)</i>
	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>	
Functional						
Employees	.802	.220	.160	.781	.231	.235
Family Members	.649	.190	.060	.615	.200	.046
Relational						
Employees	.580	.200	.130	.595	.257	.104
Family Members	.619	.194	.019	.607	.219	.026

Table 2

*One-Way Analysis of Variance of Functional and Relational Service Quality in the Two Times of Measurements for Employees and Family Members*

	Time 1			Time 2		
	<i>W</i>	<i>df1</i>	<i>df2</i>	<i>W</i>	<i>df1</i>	<i>df2</i>
Functional						
Employees	2.191 <sup>a***</sup>	48	381	3.160 <sup>***</sup>	48	154.219
Family Members	3.885 <sup>***</sup>	48	190.258	2.529 <sup>***</sup>	48	147.059
Relational						
Employees	2.651 <sup>***</sup>	48	117.440	1.655 <sup>*</sup>	48	79.508
Family Members	2.444 <sup>***</sup>	48	190.408	2.895 <sup>***</sup>	48	145.225

*Note.* The Welch (*W*) statistic is reported due to violation of homogeneity of variances. <sup>a</sup>*F* statistic reported instead of Welch (*W*). \*  $p < .05$  \*\*\*  $p < .001$

### **Perception Gap Computation**

The difference between the mean of the employees' and the family members' scores in each centre represented the perception gap. It was computed separately for functional and relational service quality and for T1 and T2. With the 7-point scale, the gaps can potentially range from extreme overestimation (+6) to extreme underestimation (-6) with a midpoint of congruency (0).

### **Analyses**

Before testing the hypotheses, some preliminary analyses were conducted, such as the missing data analyses and the confirmatory factor analysis (CFA). CFA was performed to verify that the functional and relational service quality represent two distinct constructs and to ascertain the extent to which the observed variables measure the latent construct of the service quality. To test the hypotheses, *t*-test (H1) and mixed ANOVA (H2) were carried out.

## **Results**

### **Preliminary Analyses**

**Missing Data.** The missing data ranged from 0.5% to 4.6% across different items, status, and times of measurement (see Table 3). There is not yet consensus among experts regarding the percentage of missing data that becomes problematic. A cut-off point as recommended by Schafer (1999) is 5%. To see the pattern of the missing data, the independent *t*-test with a dummy variable was conducted for each of the items of all of the four data sets (i.e., separately for employees and customers in T1 and T2) to evaluate whether the data is missing at random or they are non-random and potentially biasing. The significance level of the *t*-statistic varied from .001 to .988, where out of 28 estimations, three were statistically significant. The three items that had significance level lower than .05 were items of the second time of measurement. As well, the Little's MCAR test was conducted for the all four data sets. The chi-square value was not statistically significant for the three data

sets ( $p$  ranged from .083 to .839) and significant ( $p < .001$ ) for the customers in T2. Hence, we cannot assure that the whole range of data was missing completely at random (MCAR). The participant attrition from T1 to T2 is 10.05% for employees and 12.94% for customers.

For all the analyses in this paper the listwise deletion method was used because (1) the percentage of the missing data is lower than 5% and (2) the missing data is mainly MCAR. Therefore, the parameters derived from the data MCAR correspond to those of the complete data when the listwise deletion method is used (Schlomer, Bauman, & Card, 2010). The three items that are not MCAR should not affect the overall results as the items are represented with the two factors of service quality and the analysis is done on a centre level.

Table 3

*Percentage of Missing Data on Each Item of the Shorter Version of the Service Quality Scale*

	Time 1		Time 2	
	Employees	Customers	Employees	Customers
Reliability	.9	1.6	.8	2.0
Personalized attention	.5	1.5	1.0	2.4
Responsiveness	1.1	2.4	1.5	2.4
Assurance	1.1	4.6	2.3	4.4
Empathy	.5	2.6	.5	4.6
Extra	.5	2.5	1.0	3.2
Authentic understanding	.5	2.1	.5	2.5

**Confirmatory Factor Analysis.** As the present study encompasses two types of respondents (employee and family members) a multiple-group CFA was carried out to ascertain that the two factor model of service quality (functional and relational) was equal across respondents. To do so, a factor model in which the factor loadings were constrained to be equal in both types of respondents was compared to a factor model in which all the parameters were constrained to vary between respondents (unconstrained model). To test the

differences between the models, the CFI and RMSEA indices were compared as the chi-square test is sensitive to sample size or minor departures from multivariate normality.

Cheung and Rensvold (2002) suggest that decreases in fit greater than .01 in the CFI might be important. Chen (2007) also suggests that when the RMSEA increases by less than .015, one can also claim support for the more constrained (parsimonious) model.

Results showed that the CFI equals to .946 in the unconstrained model and .936 in the measurement weights model; the RMSEA equals .057 for the unconstrained model and .055 for the model with constrained factor loadings. This indicates that the difference between these two models is .010 for CFI and .002 for RMSEA. Based upon the cut-off criteria suggested by Chen (2007) and Cheung and Rensvold (2002) for the CFI and RMSEA indices we decided to maintain the more parsimonious model and assume that there were no differences in factor loadings between respondents. The chi-square statistic for the constrained model is 466.003 ( $df = 67, p < .001$ ) and the TLI index .92.



Table 4

*Factor Loadings for Items of Functional and Relational Service Quality and Correlation Coefficient between the Two Factors for Employees and Family Members in Both Times of Measurement*

	Time 1		Time 2	
	Employees	Family Members	Employees	Family Members
Functional				
Reliability	0,680	0,753	0,676	0,842
Personalized attention	0,779	0,732	0,751	0,777
Responsiveness	0,719	0,724	0,726	0,762
Assurance	0,572	0,475	0,552	0,574
Relational				
Empathy	0,746	0,656	0,816	0,765
Extra	0,795	0,721	0,855	0,808
Authentic understanding	0,779	0,851	0,806	0,889
<i>r</i> <sup>a</sup>	0,644	0,876	0,679	0,904

*Note.* All factor loadings are statistically significant at  $p < .001$ . <sup>a</sup>Correlation between the two factors; functional and relational service quality.

The Cronbach's alpha varied from .776 to .778 for functional service quality and from .814 to .867 for relational service quality (see Table 5) for employees' perceptions. For family members' perceptions of service quality, Cronbach's alpha varied from .730 to .813 and .780 to .855 for functional and relational service quality respectively. These values represent acceptable to good values of reliability according to George and Mallery (2003).

Table 5

*Values of Cronbach's Alpha for  
Functional and Relational Service Quality  
for the Data Gathered from Employees  
and Family Members in Both Times of  
Measurements*

	Time 1	Time 2
Functional		
Employees	.779	.776
Family members	.730	.813
Relational		
Employees	.814	.867
Family members	.780	.855

### **Hypotheses Testing**

**Hypothesis 1.** To test the hypothesis 1, the aggregated data from the first time of measurement (i.e., before the survey feedback session was delivered in one of the quasi-experimental groups) was taken into analysis and the *t*-test was conducted. The Shapiro-Wilk test showed that the employees' data of the functional service quality ( $SW = .990$ ,  $df = 49$ ,  $p = .957$ ) and the relational service quality ( $SW = .979$ ,  $df = 49$ ,  $p = .510$ ) as well as that of the customers' functional ( $SW = .968$ ,  $df = 49$ ,  $p = .210$ ) and relational service quality ( $SW = .987$ ,  $df = 49$ ,  $p = .845$ ) are normally distributed. The Levene's test showed deviations from homogeneity of variances for the functional service quality ( $F(1, 96) = 10.169$ ,  $p = .002$ ) and the relational service quality ( $F(1, 96) = 8.353$ ,  $p = .005$ ).

The results of the *t*-test indicated that employees significantly underestimate their functional and relational service quality on the centre level, for both the functional ( $t(78.717) = -10.545$ ,  $p < .001$ ,  $d = 2.128$ ) and the relational service quality ( $t(83.158) = -4.896$ ,  $p <$

.001,  $d = 0.999$ ). Perception of the functional and the relational service quality is significantly lower for employees ( $M_{fun} = 5.238$ ,  $SD_{fun} = .498$ ,  $M_{rel} = 5.921$ ,  $SD_{rel} = .389$ ) than for family members ( $M_{fun} = 6.113$ ,  $SD_{fun} = .300$ ,  $M_{rel} = 6.250$ ,  $SD_{rel} = .256$ ). The effect size varied from *no effect* (Cohen's  $d < .2$ ) to *small effect* ( $.2 < \text{Cohen's } d < .5$ ) (Cohen, 1988).

In addition, we wanted to assure that there were no differences between the control and the survey-feedback condition in T1, before the survey feedback was applied. To this end, we conducted a *t*-test for both functional and relational service quality, comparing both conditions. The results showed that there were no significant differences between the two conditions for the functional service quality ( $t(95.994) = -.374$ ,  $p = .709$ ) nor the relational service quality ( $t(95.952) = -.288$ ,  $p = .774$ ) in T1. Hence, hypothesis 1 was supported.

**Hypothesis 2.** To test the hypothesis 2 the aggregated data was used, the perception gaps were computed and mixed analysis of variance was carried out. The normality assumption was tested with Shapiro-Wilk statistic for normality of distribution of perception gaps, i.e., the differences in average score between employees and customers. Review of the statistic showed that the differences for the functional service quality ( $SW = .984$ ,  $df = 49$ ,  $p = .751$ ) and the relational service quality ( $SW = .972$ ,  $df = 49$ ,  $p = .295$ ) in T1 were normally distributed; however, this could not be assumed for the differences in the functional ( $SW = .904$ ,  $df = 49$ ,  $p = .001$ ) and the relational ( $SW = .930$ ,  $df = 49$ ,  $p = .006$ ) service quality in T2. The stem-and-leaf and the Q-Q plots also showed slight violation of normality on the latter two variables. The research on normality, as opposite to the homogeneity of variances, has been consistent on robustness of ANOVA to violation of this assumption (Lix, Keselman, & Keselman, 1996). Levene's test indicated equality of variances for perception gaps in the functional service quality in T1 ( $F(1, 47) = .182$ ,  $p = .671$ ) and T2 ( $F(1, 47) = 2.873$ ,  $p = .097$ ). The assumption was met for the perception gaps in the relational service quality as well; in T1 ( $F(1, 47) = .507$ ,  $p = .480$ ) and T2 ( $F(1, 47) = .269$ ,  $p = .607$ ).

Table 6

*Means and Standard Deviations for Functional and Relational Service Quality and Perception Gaps on a Centre Level for Survey-Feedback and Control Condition*

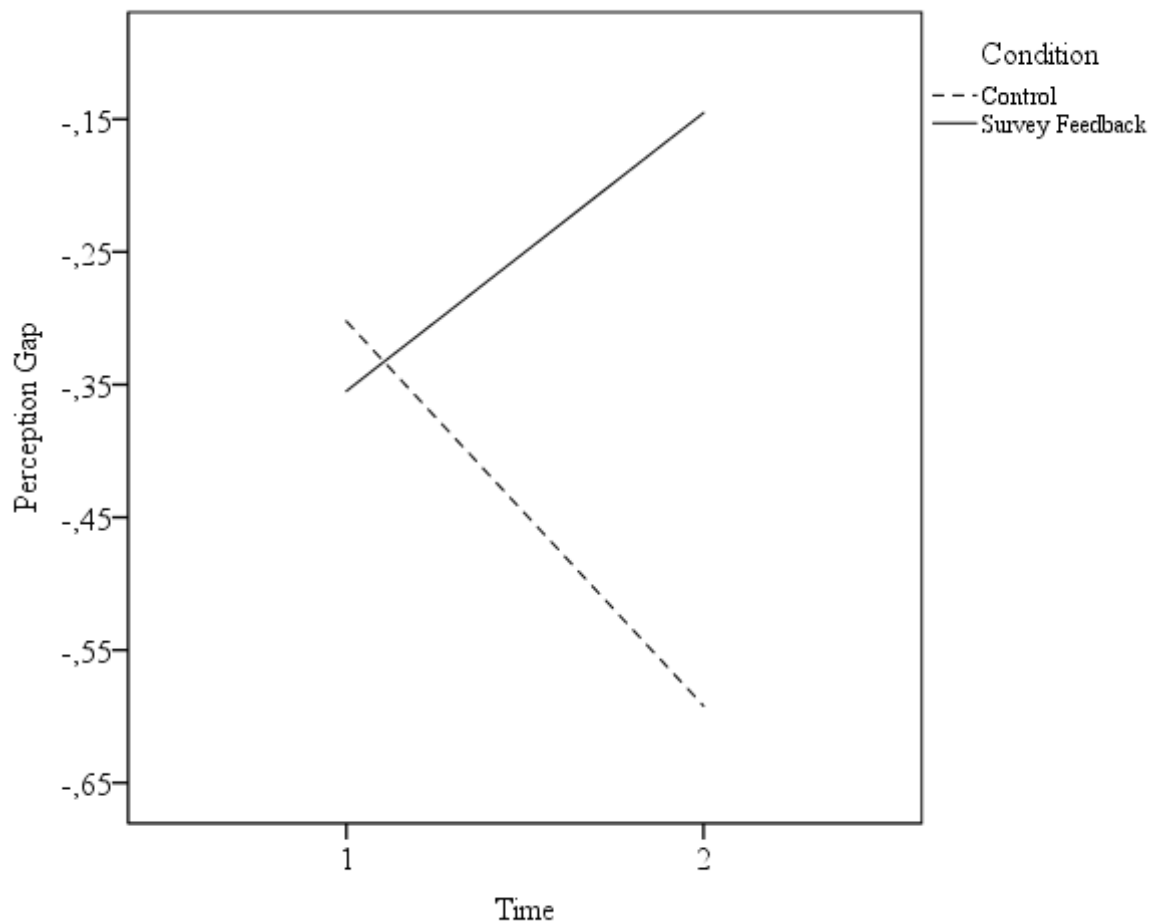
	Time 1				Time 2			
	Survey-Feedback <sup>a</sup>		Control <sup>b</sup>		Survey-Feedback <sup>a</sup>		Control <sup>b</sup>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Functional								
Employees	5.254	.477	5.222	.529	5.288	.473	5.158	.748
Family Members	6.142	.358	6.083	.227	6.085	.351	6.171	.272
Gap	-.887	.516	-.861	.477	-.797	.461	-1.014	.744
Relational								
Employees	5.920	.392	5.923	.392	6.071	.320	5.686	.454
Family Members	6.269	.251	6.223	.265	6.203	.352	6.279	.273
Gap	-.350	.417	-.300	.381	-.131	.425	-.594	.464

*Note.* Negative value represents employees' underestimation of service quality. <sup>a</sup>*n* = 25; <sup>b</sup>*n* = 24

**Functional Service Quality.** Results showed that there was no significant interaction between the condition (survey-feedback or control) and the time of measurement ( $F(1, 47) = 2.527, p = .119$ ), hence, the hypothesis 2a is not supported. The differences between the control and the survey-feedback condition remain stable over time for the functional service quality.

**Relational Service Quality.** The results from mixed ANOVA show statistically significant change in perception gap between the two times of measurements due to the survey feedback intervention ( $F(1, 47) = 14.868, p < .001$ ) when the mere effect of time is insignificant ( $F(1, 47) = .321, p = .574$ ). The effect size of the interaction is  $\eta^2_{\text{partial}} = .240$  which is a small effect, on the verge of being a medium effect as Cohen (1988) sets the cut-off point at the value of .25. The perception gap between employees and customers in survey-feedback condition ( $M = -.241, SD = .071$ ) is significantly smaller ( $p = .047$ ) than that in the control condition ( $M = -.447, SD = .072$ ), which means that the perception gap has reduced in the survey-feedback group. This can also be observed from the graph (see Figure 1), where

the solid line that represents the survey-feedback condition goes from  $M = -.350$  in T1 to  $M = -.131$  in T2 (the values can be observed in Table 6). The hypothesis 2b, therefore, is confirmed.



*Figure 1.* Change in the perception gap between the two times of measurements for the relational service quality.

### Discussion

Congruency in the service quality perception between the employees and customers can not only lead to improvements in the service quality but also, as relevant for the context of the present study, improvements in the quality of life of persons with intellectual disability. The survey feedback has been used in organizations to produce an attitudinal and behavioural changes in organizational members; this study, nevertheless, looked at whether this technique contributes to changes in perceptions, reducing the gap in the quality perceptions between

employees and customers. With that in mind, we aimed to extend the previous research on the gap analysis to the non-for-profit sector, examine the underestimation of service quality in the centres that provide service to persons with intellectual disability and see how the survey feedback can facilitate congruency in the quality perceptions and contribute to both employees and customers working together to achieve higher quality of life of individuals with intellectual disabilities. We anticipated that in the context of the non-for-profit organization, employees will underestimate their service quality when compared to the customers' perceptions. Providing service to persons with intellectual disability is challenging due to higher demands and lack of resources as well as the importance that the direct workers have in the lives of the people they support. Moreover, we presumed that the survey feedback will lead to greater congruency in perception gaps between employees and customers due to well-demonstrated evidence that feedback has on the behavioural and attitudinal change and human being's natural favourability of positive over negative information.

The results of the study showed that employees in the centres for persons with intellectual disability tend to underestimate their service quality when the customers' perception of the service quality is set as a standard. This holds true for both the core services (i.e., functional service quality) as well as the emotional and interpersonal aspects of these services (i.e., relational service quality). It has also been demonstrated that the survey feedback, a tool that is used in organizations to present employees the information gathered from different stakeholders, can help employees change their perceptions of relational service quality they deliver to persons with intellectual disability.

### **Theoretical Implications**

Regarding the hypothesis 1, the results confirmed that employees significantly underestimate their functional and relational service quality on the centre level. Perception of

the functional and relational service quality being significantly lower for employees than for customers was expected due to the specificity of the services provided to individuals with intellectual disability. As employees are often assumed one of the most important people in lives of the persons with intellectual disability (Kozak et al., 2012) and tend to facilitate individuals' self-determination and other facets of the quality of life more than their family members (Martínez-Tur et al., 2015) when at the same time experiencing high level of job demands and lack of resources (Gray-Stanley & Muramatsu, 2011), self-criticism and perception of inadequacies and failures in the service delivered were anticipated. Other studies (e.g., Peiró et al, 2005) found employees overestimating their service quality, yet they were conducted in other work settings, usually in the hospitality sectors like hotels and restaurants that are characterized with brief employee–customer relationships. It can be concluded, that the employees' view of their service delivered compared to that of the customers depends on the sector and the characteristics of the service encounters.

As for the hypothesis 2, the results indicated that survey feedback has an effect on the congruency of perceptions in some areas of service quality; the perception gap of the relational service quality reduced significantly after the introduction of the survey feedback session, meaning that the employees adjusted their perceptions about the relational aspects of their service and made it more congruent with the ones of the customers. Similar pattern was observed for the functional service quality dimension, however, the change did not prove to be significant. This might have happened due to relatively small sample (see Limitations) or the nature of the two factors of service quality. Functional service quality measures how well the employees perform their tasks that correspond to their job description (Molina et al., 2015) whereas the relational service quality relates to the establishment of the social relationships and emotional bonds between the employee and the customer. Therefore, it might be easier to change perception about being able to make individuals with intellectual

disability feel special and important or treating these persons kindly and sincerely (items of relational service quality) than changing perception about having enough resources to do ones job well or that the services provided satisfy the needs of the persons with intellectual disability (items of functional service quality) which are more technical, specialist-knowledge-bound (which customers sometimes lack; Eiriz & Figueiredo, 2004) and may be out of the employee control. The information that was provided to the employees was more favourable than they had expected. Not only do people prefer pleasant over negative information, they process them more easily (Matlin & Stang, 1978). Providing these information during the survey feedback session reinforced their personal strengths (Seligman et al., 2005), too, which makes this organizational method a powerful tool for inducing change in perceptions.

Previous studies on survey feedback found positive effects of this organizational intervention, changing individuals' attitudes and behaviour (e.g., Born & Mathieu, 1996; Force et al., 1984) and making one's self-evaluation more congruent with others-evaluations of the job performance (e.g., Atwater et al., 1995; Bailey & Fletcher, 2002; Johnson & Ferstl, 1999). The results of the present study suggest that the survey feedback can facilitate the change in the quality perceptions and employees aligning their perception of the service quality to the one of the customers, hence having more realistic view of the service delivered.

Although the change in perception has been investigated in the context of the service quality perception in the health service sub-sector, we believe this effect can be extrapolated to other sectors (e.g., hospitality), other measures (e.g., job performance) and other relationships (e.g., manager–employee, employee–employee).

### **Practical Implications**

The knowledge of employees underestimating their service quality can advise managers to intervene with the survey feedback session to (1) provoke positive emotion and



help employees overcome their perceptions of inadequacies and failures by facilitating the creation of a more positive self-image of their service delivery. What is more, they can (2) facilitate the congruency in the quality perception between employees and customers as such congruency leads to more positive service encounter, better service evaluation, increased customer satisfaction, strengthens the probability of the employee–customer relationship becoming long-term (Brown & Swartz, 1989) and even improved service quality (Julien & Tsoni, 2013). Moreover, in the specific context of the persons with intellectual disability, achieving congruency in service quality perceptions means overcoming the faultline barrier (Thatcher & Patel, 2011) and both employees and family members contributing to a better quality of life of persons with intellectual disability together. What is more, given the fact that the encounters in this specific sub-sector are long-term the implementation of the congruency between employees and customers could be more easily achieved as the stability of customers is guaranteed.

### **Limitations**

There are some limitations of the study to be taken into account. Firstly, the centre level analysis resulted in a relatively small sample (25 and 24 cases for survey-feedback and control condition, respectively), and two data point sets not being normally distributed and hence violating the assumptions of ANOVA. As for the study design, if the participants of the study that took part in the survey feedback session had been noted down the comparison of the intervention effect on the individual and the centre level could have been carried out. Without this particular knowledge, the information dissemination through informal communication among employees of the centre that took place after the survey feedback session is presumed, but not guaranteed. If this information was obtained, the (size) effect of survey feedback could have been outlined more precisely, also in terms of the non-significant data. Another point to consider are the structural variables of the survey feedback session.

Klein, Kraut, and Wolfson (1971) report that aspects such as who presents the data, how results are reported and which statistics are reviewed have an impact on how satisfied the employees are with the feedback and how useful they find it. We did not control for those variables; however, they might have impacted the overall results.

### **Opportunities for Future Research**

This research addressed the quality perceptions in the health sub-sector, specifically working with individuals with intellectual disability. The future research could enrich the conclusions of the present study by (1) exploring which characteristics influence the over- or underestimation of the service quality (e.g., longevity of the service encounter, personal characteristics, nature of service); (2) delineating the effect of the survey feedback on merely change in perception, change in behaviour and the change in the service quality per se. The present study does not investigate whether the intervention changed the actual service quality delivered. Moreover, (3) it could be investigated whether the functional service quality perceptions are indeed more difficult to change due to nature of the service quality dimension as discussed above or it is a sheer methodological issue not providing a significant evidence for a perception change as well as (4) more broadly outlining the extent to which the survey feedback can produce a change in perception of service quality and what the impact of this change is.

### **Conclusion**

This study has explored changes in the service quality perceptions in the non-for-profit organizations, in the centres providing service to individuals with intellectually disability. It can be concluded that employees in such centres significantly underestimate their functional and relational service quality and that the perception gaps can be reduced with informing employees about these gaps through the survey feedback session. The introduction of the survey feedback in the organization can contribute to a shift of employees'

quality perceptions to be more congruent with that of the customers, which erases the faultline between the two parties.

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